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TRANSACTIONS

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK,

For the Year 1884.

VOLUME XIX. (No. IX., N. S.)

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OF THE

STATE OF NEW YORK.

I.

Proceedings of the Thirty-Second Semi-Annual Meeting, held at the Ithaca Hotel, Ithaca, Tompkins Co., N. Y., on, the 11th and 12th of September, 1883.

The meeting was called to order by the President, Everitt Hasbrouck, M. D., of Brooklyn, N.Y., and the Rev. C. M. Tyler of the Congregational Church of Ithaca, opened the session with prayer.

The President, Dr. Hasbrouck, addressed the society as follows :—

Opening Address.

Ladies and Gentlemen :—

In assuming the responsibilities of the honorable position to which I have been chosen, it is with genuine pleasure that I greet at this semi-annual meeting of the society, so many members and delegates, together with others who having no name and place in the organization are drawn hither by like humane desire to seek after that which may be helpful to those, whom, in our professional capacities, we minister in the daily battle between life and death. To one and all, alike a hearty welcome is extended. I am sure the society will most fully endorse my action in saying to its visitors : Make yourselves at home and freely participate in the proceedings. We are convened here to study and discuss all that pertains to medical science, and particularly as related to homœopathy the grandest branch of the therapeutical tree. We are here as believers in that comprehensive formula in medicine enunciated by Hahnemann, *Similia Similibus Curantur*, by our labors and conferences to bring out into stronger light and greater beauty that which has proved to be truth, and in like manner to remove, if existing, that which is dross.

We are here to give utterance to those thoughts and words which in our judgment will tend to elevate the human race, and add to the efficiency of the medical profession. We do not come in a dictatorial spirit, but as humble seekers after truth, from whatever source and whatever kind, subject to no ban except that it shall be believed that that which is presented is the best for us and for those to whom we go. This is my ideal

of the intent and purposes of a medical society meeting, and I believe it to be your own, therefore let us earnestly and thoughtfully enter upon the work before us, exercising toward each other that spirit of charity in need of which we all stand. Let the papers presented receive close attention, and in every instance draw forth discussion which shall come with promptness and fullness. It has seemed to me that much that should be gained by gatherings like this, is often lost by allowing papers to be presented and placed on file without a word of comment, be it approbation or criticism. Knowledge useful in our daily labors should not be considered as private property. To freely give and freely receive is an honorable method worthy of our efforts to perpetuate. It is needless for me to longer detain you, believing that as we are met in our common spirit of truth seeking, there will be little necessity for the application of parliamentary discipline, but with your generous aid and kind forbearance during our session I trust that at its close we shall all feel that our greatest anticipations have been realized. Hoping that incentives here received will tend your steps towards the annual meeting of the society, your attention is requested to the order of exercises as placed before you by the Secretary.

The President appointed the following Committee on Credentials: Drs. C. A. Beldin, of Jamaica, and E. J. Morgan Jr., of Ithaca.

The Committee on Credentials subsequently reported the following members and visitors present: Everitt Hasbrouck, M. D., President, Brooklyn; W. B. Kenyon, M. D., Vice-President, Buffalo; A. P. Hollett, M. D., Secretary, Havana; Edward S. Coburn, M. D., Treasurer, Troy; Drs. O. Groom, Horseheads; A. J. Clark, Binghamton; F. M. Bennitt, Putman, Ct.; Geo. W. Winterburn, New York; F. F. Laird, Utica; A. R. Wright, Buffalo; C. V. H. Morris, Lodi; Geo. E. Gorham, Albany; M. O. Terry, Utica: I. P. Truman, Belmont; C. A. Beldin, Jamaica; T. L. Brown, Binghamton; D. White, Ithaca; E. J. Morgan, Sr., Ithaca; J. S. Kirkendall, Ithaca; H. S. Sloan, Binghamton; J. E. Slaught, Hamilton; C. F. Millspaugh, Binghamton; W. H. Proctor, Binghamton; A. M. Baldwin, Groton; N. B. Covert, Geneva; H. L. Towner, Athens, Pa.; H. W. Paige, (student,) Owego; Merritt T. Dutcher, Owego; Charles Deady, New York; S. J. Parker, Ithaca; Susan S. McKinney, Brooklyn; H. M. Paine, Albany; C. W. Cornell, New York; H. H. Heath, Seneca Falls; C. E. Van Cleef, Ithaca; L. W. Potter, Homer; E. J. Morgan, Jr., Ithaca; J. L. Moffat, Brooklyn; Geo. F. Hand, Binghamton; S. A. Brooks, New Milford, Pa; S. S. Simmons, Susquehanna, Pa.; E. E. Snyder, Binghamton; J. T. Greenleaf, Owego; O. W. Smith, Union Springs; D. E. Spoor, North Creek; O. W. Peterson, Waterloo; Thomas D. Spencer, Rochester; Herbert M. Dayfoot, Rochester; Geo. S. Norton, New York; J. J. Alleman, Waterloo; A. J. Frantz, Canoga; W. S. Purdy, Corning; C. S. Carr, Elmira; Allen B. Carr, Rochester; R. B. Sullivan, Baldwinsville; M. M. Frye. Auburn—56.

Report of the Bureau of Materia Medica.

The President called for the report of the Bureau of Materia Medica, Dr. F. F. Laird, Chairman.

Dr. Laird said that he had several papers to report and on account of a

cold affecting his throat would be assisted by Drs. Moffat and Terry in reading them. The following papers were read :—

"One Form of Characteristics," E. A. Farrington, M. D., of Philadelphia, Pa.; "The Lilies," by Geo. W. Winterburn, Ph. D., M. D; "Oxalis," by C. F. Millspaugh, M. D.; "The Dermal Symptoms of Arnica," by C. Mohr, M. D., Philadelphia, Pa.; "Guaiacum," by F. F. Laird, M. D.

Dr. J. L. Moffat praised Dr. Farrington's paper, as one of exceptional value and as a practical help to successful prescribing.

Dr. A. R. Wright: The valuable point in this paper (Dr. Farrington's) is in regard to the characteristics or key-notes. The principal effect or leading condition is taken and thus relieves the physician of the lumber of the Materia Medica, in selecting the remedy, a valuable point I never saw so well brought out before.

Dr. Geo. E. Gorham expressed his appreciation of Dr. Winterburn's paper, but said he was not able to secure all of the therapeutic results spoken of. He was skeptical in its curing anteversion. He believed that the doctor attached too much importance to the effects of the Lilium. He would be glad to accept it but wanted more evidence. He wished that he had more. The effects of Lilium in chronic ovaritis he would endorse.

Dr. O. Groom asked at what stage of growth should the plants of the Lilium be gathered for medical use.

Dr. Geo. W. Winterburn: As it is coming into bloom.

Dr. C. A Beldin said of the Nymphæ Odorata, or white pond lily. Although many homœopaths do not believe in external applications, he had learned, while a member of the other medical school, that the dried, pulverized root, of the pond lily, applied as a poultice would hasten to a suppuration any form of an abscess faster than any other treatment.

He also spoke of the external use of animal heat in the treatment of inflammation of the bowels. In typhlitis and gastritis, he had never made a failure to cure. He usually had a cat killed and the warm intestines applied to the naked parts; he had been guilty of causing many a cat's death for this purpose. Chickens entrails are nearly as good.

Dr. H. M. Paine took exceptions to the position assumed by Professor Farrington in his paper. He believed that the law of similars could not in any just sense be considered a principle in nature as unvarying and universal in its application as the law of gravitation. It was to be more properly considered a rule to which there are many exceptions, a rule of essential service in a large proportion of cases, perhaps a majority, but which is by no means universally applicable in the treatment of disease. Indeed, a crucial examination shows plainly that the author has contradicted and set aside his own deductions by the numerous exceptions to the application of the homœopathic law which he himself has made in this paper. There is little doubt that in this matter we have aimed higher than can be sustained by carefully conducted clinical experience.

Dr. H. M. Paine made inquiry regarding the character of the tumors, ovarian or uterine, the developement of which was said to have been controlled by the *Lilium*, as to whether they were fibroid or cystic.

Dr. Geo. W. Winterburn said the tumors were incipient, rather

than fully developed. In this stage it was difficult if not impossible to decide the exact character of the growth. It was probable that in the later stages Lilium would prove ineffectual, but it certainly controlled them in their incipiency.

Dr. H. M. Paine: Both these kinds of tumors have a distinctive form of cell structure, whether as large as a pail or small as a pea. He thought the use of the word tumor, without qualification, as applied to either of these forms of morbid growth was likely to mislead. He depricated the tendency on the part of many writers and speakers to generalize too frequently, thereby arriving at erroneous conclusions, from insufficient data. He believed that Iodide of Lime would control the growth of fibroid tumors, even after considerable size had been attained, but produced little or no effect upon the encysted variety. If the Lilium would do this it was desirable to be able to determine whether the sphere of action was confined to one of the varieties or was equally applicable to both.

Dr. Geo. W. Winterburn: It is, to be sure, difficult in the earlier stages to determine between mere hypertrophies and actual tumors, and my own mind is somewhat indefinite in regard to the distinction. The line of demarcation is not easy to draw. In the cases mentioned, from all the concomitant symptons, I believe I was dealing with growths in the ovary. In all cases Lilium must be taken persistently for months.

Dr. H. M. Paine sought further information regarding the assumption that the Lilium would restore malpositions of the uterus. He desired to know whether sufficient time had elapsed since the treatment of the case of anteversion by Lilium to show that the cure was permanent, and a simple statement to that effect should be strengthened by proof of restoration afforded by the use of the speculum and an internal exploration by a uterine sound. Statements such as are made in this paper, showing that the remedy has power to effect important functional and even organic changes, should be made only after the most careful examination and positive evidence.

Dr. Paine also criticised the statements made by the author of the paper, to the effect that cures had been effected by the use of Lilium of the thirtieth potency. He hoped that the publication of these falsely called homœopathic cures in the transactions of the society would soon cease. The assumption that these reputed cures by high potencies has been proven to be absolutely false so many times, and by much higher authority in our school that, as a body of medical men we expose ourselves to the severest and just censure and the most pointed ridicule, by a discriminating and discerning public.

Members of our own school, particularly the experiments of Prof. Smith as reported at the last meeting of the American Institute, have shown that high potencies of any medicine have never been made. We do not go outside of our own school for cumulative evidence the most positive and convincing, that when we present these reputed cures as homœopathic, we do that which has no foundation other than the fertile imagination of the author. By continuing this unwise course we are constantly making our school and system a reproach and by-word. It is

vain for us to expect that the mass of the medical profession will ever accept the visionary theories on which the use of high potencies are based. Why then are we willing to lose cast and respectability among honest, discerning medical men, by holding on to this absurd and unphilosophical mode of treatment? To continue this course is to pursue a line of policy which is puerile, unwise, and suicidal. He hoped the society would soon make its declarations against high potencies so emphatic as to effectually place them where they properly belong, outside the precincts and tenets of true homœopathy.

Dr. C. F. Millspaugh: I should like to ask Dr. Paine one simple question concerning potencies, if further discussion is in order.

The President decided that the discussion of this question was not in order.

Dr. M. O. Terry asked if Dr. Winterburn could give the history of the case while the woman was in the New York hospital, and if he could give the local treatment during the time of taking the Lilium. He asked if the woman was suffering now?

Dr. Geo. W. Winterburn: I did not report the case as fully as I might, but will read from the written report which was made in 1879. [Reads.] I can assure the doctor that the woman does not now suffer from the difficulty as she is dead; but she did not die until eighteen months after the cure, and was well up to that time. She was treated in Boston, previously, by eminent physicians for some time but felt that her real trouble was not benefited. I do not know what treatment she might have had. I gave no special treatment, except the Lilium. I had her care for herself, of course, in the way of personal cleanliness.

Dr. Terry asked was she wearing a supporter?

Dr. Winterburn: She wore a sponge to catch the discharge.

Dr. Terry: How long did she wear the sponge and how often was it changed?

Dr. Winterburn: The sponge was changed three or four times a day. She used no injections.

Dr. T. L. Brown held that it was necessary to decide between the Lilium and hygienic measures, but believed that the Lilium did the curing.

Dr. M. O. Terry: Is it determined that Lilium changes the character of the secretions? Did not the use of the sponge accomplish that?

Dr. C. F. Millspaugh: I should not consider that the repeated changing of the sponge accomplished the result, but should be inclined to give the remedy the credit, as it seems the patient was in the habit for a long time of using the sponge, though good results do not seem to have followed until after the exhibition of the drug.

Dr. C. F. Millspaugh in reading his paper on Oxalis Stricta spoke of the necessity of understanding the chemistry of all new drugs before preparing the tincture for the proving, in order that the preparation to be proven may be made in such a manner, if possible, to hold all the active agents residing in the drug in suspension, unchanged, in the lower strengths. He said that in many instances in our Materia Medica the original preparations did not contain the true nature of the crude sub-

stances, and the preparations of future pharmaceutists in this way varied in some cases from the original, to such an extent as to greatly effect the results following the use of the drugs.

Dr. M. O. Terry spoke of the original character of Dr. F. F. Laird's paper on Guaiacum and remarked that it should not be put away in the transactions, but that he should be allowed to give it to some medical journal for publication. He would ask that the Society allow him to have it published.

On motion Dr. Laird was allowed to publish his paper in some medical journal.

On motion the report of the bureau was closed and referred to the publication committee.

On motion and by common consent the report of the Bureau of Clinical Medicine was put over until the first order in the evening session. Letters of regret, at their inability to attend the meeting of the society were read from Prof. J. W. Dowling, of New York; Dr. W. W. French, of Ballston Spa, and Dr. B. F. Grant, of Bath.

On motion the society adjourned.

AFTERNOON SESSION.

In accordance with the programme the afternoon session of the society was held in Cornell University, Ithaca, N. Y. After dinner the members and their friends took carriages and visited the grounds and buildings of the University. The society re-assembled at 2:30 P. M., in one of the lecture rooms of the University and was called to order by the President.

Burt G. Wilder, M. D., Professor of Physiology, Comparative Anatomy, and Zoölogy in Cornell University delivered a lecture on "The Use of the Cat's Brain in Anatomical and Physiological Teaching, Illustrated by Preparations and an Experiment." His lecture consisted largely in presenting some of the methods of regarding, obtaining, preserving, examining and describing the brains of certain mammalia, which had proved useful in the anatomical laboratory of the University. He showed particularly in the course of his lecture the advantages of using the cat's brain in the comparative study of the human brain. The lecture proved very interesting and instructive to those present.

Simon H. Gage, B. S., Assistant Professor of Physiology and Lecturer on Microscopical Technology, addressed the society on the use of the microscope and the facilities offered by the University for securing a preliminary medical education. He invited those present, after the adjournment, to visit the Museum and examine the numerous specimens he had arranged under microscopes.

On motion a vote of thanks was extended to Professors Wilder and Gage for their very entertaining and instructive lectures.

On motion the society adjourned.

EVENING SESSION.

The society re-assembled at the Ithaca Hotel, for their evening session at 7:30 P. M. The President, Dr. Hasbrouck, congratulated the Society on the enjoyment of the afternoon, and observed that after this diversion

in visiting Cornell University and in listening to the very able and interesting lectures from the Professors, they came together refreshed for the session. He then called for the

Report of the Bureau of Clinical Medicine.

Dr. George E. Gorham, Chairman of the Bureau, reported several papers and the following were read:—

"Chronic Hypertrophy of the Tonsils," by G. C. Quezada, M. D.

"Purpura Hæmorrhagica Following an Over Dose of Sanguinaria Canadensis," by W. M. Decker, M. D.

"Two Cases of Parasitic Disease," by Geo. F. Hand, M. D.

"A Clinical Case," by Susan S. McKinney, M. D.

"Clinical Experience with Hypericum," by Geo. E. Gorham, M. D.

Dr. Geo. W. Winterburn asked if in the Sanguinaria case the purpura spots were more on the right side than on the left?

Dr. Geo. E. Gorham: I think he does not state. The spots were confined mostly to the extremities.

Dr. Geo. W. Winterburn: Sanguinaria is such a peculiarly right-sided remedy that it would be interesting to know if the same idiosyncracy had been shown in this case of poisoning. Right-sidedness is one of the most marked features in the pathogenesis of this drug.

Dr. C. F. Millspaugh asked Dr. Hand: Did you find more than one of the paracites in the specimen of urine you had at the time, or did you find any subsequently? How great a quantity of the secretions did you examine?

Dr. Geo. F. Hand: I found but one, and there were two or three drops of urine, only.

Dr. H. M. Paine: Can you give us an idea of the animal?

Dr. Geo. F. Hand: No such parasite is described by medical writers. It was an anomalous case.

Dr. C. F. Millspaugh: Can you give us, doctor, an idea of the size of the paracite, and assurance that its identity was certain?

Dr. Geo. F. Hand: It was one or two lines in length, and resembled precisely a minute tape worm. It was exhibited to the local society at one of its meeting.

Dr. J. L. Moffat: A patient of mine some years since ran a pen knife into the left eye dividing the lens vertically. The wound healed leaving cataract, cicatrices and adhesions of the iris and contiguous structures. For the persistently recurrent neuralgic pains I prescribed Hypericum per.,[3] on pellets, with marked relief. Of course, as long as the eyeball is left unoperated upon there will be the possibility of recurrence, but the patient considers himself well now.

Dr. Geo. F. Hand: Speaking of parasitic cases, I would suggest that Dr. Millspaugh has lately had an interesting one.

Dr. C. F. Millspaugh: Gentlemen, I am almost sorry that the doctor has asked for this case, as I have not yet gained sufficient knowledge of the object found to make observations public upon it. Suffice it then to say that in examining the urine of a lady suffering from cystocele, complicated with endo-metritis which gave off a terribly offensive leucorrhœal

discharge. I found a strange animalcule resembling in its magnified state an octopus, having a globular body $\frac{1}{600}$ of an inch in diameter and eight tentacular arms $\frac{1}{50}$ of an inch in length and $\frac{1}{1000}$ inch in diameter, all of equal size, cylindrical with blunt extremities, hollow and filled with a brownish fluid containing granular masses. Only one other specimen was found in four ounces of urine, that being distorted and broken. What this animalculi is and what its significance I have as yet been unable to determine. I named it octotentaculus urinæ.

Dr. M. O. Terry: If Hypericum removes spinal irritation it should be tried on the recommendation of Dr. Gorham. I have succeeded with Payneliu's thermocautery, but have failed with the indirect remedies.

Dr. Geo. E. Gorham: I had three cases which were real and not hysterical. The first was a big fat girl, not able to ride, after three years the trouble never returned. In regard to Dr. McKinney's paper, I looked up articles on this subject to which she refers, Carbolic Acid poisoning, and think this was a case of acid poisoning. I would ask why anæsthetics were given. In my experience it is not necessary, and the only times I have yielded to the patient and given them I have had cause to regret it, from the hæmorrhage which followed expulsion of the placenta.

Dr. C. W. Cornell said that the case was of particular interest to him as he had used Carbolic Acid in his practice and had seen no ill results. In one case he had seen a cough make its appearance accompanied by a slight expectoration of blood, when by mistake a very large quantity, 50 grains in 14 hours had been taken. Upon discontinuing the over-dose both cough and expectoration promptly ceased. An examination of the chest showed the lungs to be normal He inquired if the lungs had been examined in this case, and was answered in the negative. He thought the cough was probably caused by some lung trouble and not from Carbolic Acid. The lung trouble finally caused death.

Dr. A. R. Wright, referring to Dr. Gorham's remarks, said: I at first gave anæsthetics when using forceps. My practice now is to use the forceps without the anæsthetic.

Dr. H. M. Dayfoot advocated the use of anæsthetics in labor and in Dr. McKinney's case would have advised delivery before the patient was so much exhausted.

Dr. J. L. Moffat asked Dr. McKinney if there was any odor of Carbolic Acid about her patient, or from her urine or fæces?

Dr. Susan S. McKinney: I do not know. It did not occur to me to notice the odor of the urine. I was somewhat in doubt as to whether Carbolic Acid was the exciting cause of this condition.

Dr. N. B. Covert, speaking of anæsthetics in labor, remarked that he agreed with Dr. Wright. As a rule I do not give anæsthetics when I use the forceps. I want my patients to know what I am doing and if any pain is caused by the application of the instruments they will soon tell you and thus you are sure of not doing violence to your patient when applying them. Furthermore I do not think it best to wait until your patient is completely exhausted before the instruments are applied. I am in favor of using the forceps early and often.

Dr. T. L. Brown: You all know that I am fond of discussion. I will not take an obstetrical case unless I have it from the commencement of pregnancy. I teach them how to live, and what to eat. These precautions help my practice in this direction. If proper care be taken forceps can be used without anæsthetics.

Dr. C. A. Beldin: If Dr. Brown can get his patients to come to him before labor he can do better than many of us. I believe in the use of instruments early and often. As to anæsthetics I have got through with the use of them alone or with the help of an inexperienced nurse, such as we usually get hold of. I have another physician to administer the anæsthetics while the instruments are being used. I believe that no physician is justified in using an anæsthetic without the assistance of an experienced person to administer it.

Dr. T. L. Brown: I refuse to take obstetrical cases unless I am called before labor. I may lose some cases by this but I gain in the end. I increase my practice by my success in this department.

Dr. H. M. Paine stated that it would seem that providence had decreed that Dr. Brown and himself should always be found on opposite sides of the fence. My friend, Dr. Brown, if I understand his remarks correctly, has extolled the importance of a careful regulation of ante-partum regimen, embracing out-door exercise, diet, and habits of life, so as to conform as nearly as may be possible with natural requirements, all of which is no doubt essential, desirable, and of advantage; but alone, is inadequate to prevent the advent of disease and death. I have heard essentially the same statement when at the bedside attending a tedious case of labor, that if woman would adopt the natural out of door life followed by Indians in the far west, the process of accouchement would be comparatively safe, easy, and of short duration. The picture of an Indian mother, going alone to a secluded spot near a spring or on the borders of a rivulet, and there unaided giving birth to her offspring, then washing and otherwise caring for her babe and herself, and afterward returning to her usual occupation, was recently robbed of its romance by the statements of a missionary who had lived many years among the aborigines, and who assured me that Indian women, on such occasions were not left alone to get through with the dangers and difficulties of confinement as best they could, but were always attended by associates of their own sex; and furthermore, that the suffering was as great and the proportion of deaths quite as large and even larger than among the civilized and refined. He thought the comforts of a home, and the exemption from hardships of frontier life contributed largely to the diminution of the dangers, suffering, and fatality incident to gestation and labor.

Dr. Paine further stated regarding the use of forceps, that for a number of years he had used a pattern so constructed as to place too great a strain on some portion of the perinæum. The blades were so wide apart when adjusted to the child's head as to almost certainly tear the perinæum, especially if a first labor. For several years past he had used Comstock's improved forceps. These fit so closely to the anterior portion of the head when passing through the external parts, as not to make any greater pressure on one portion of the perinæum than another, hence there is far

less liability to rupture. After many year's experience he now resorts to the use of forceps much more frequently than formerly, particularly whenever the uterine contractions were not sufficiently strong to effect a steady and uniform progress, and also when, by pressure of the head on the pubic bones a delay in the early stage, often of several hours, would be prevented. He is confident that the strength of the mother is conserved, recovery is more rapid, and there is less liability to inflammation and subsequent fever.

On motion the report of the bureau was closed and referred to the publishing committee.

Report of the Bureau of Surgery.

In the absence of the chairman, Dr. H. I. Ostrom, of New York, the report was presented by Dr. M. O. Terry, of Utica.

Dr. Terry reported several papers and the following were read:—

"Gangrene Following Amputation, Arrested by the use of Stimulants in a Person Addicted to Intemperance," by J. C. McPherson, M. D.

"The Earth Dressing, in Diseases of Joints," by H. I. Ostrom, M. D.

"Hot Water and the Rubber Bandage in Sprains, Injuries and Chronic Inflammations of Joints," by M. O. Terry, M. D.

"A Case of Entro-Epiplocele with the Formation and Closure of an Artificial Anus," by C. E. Van Cleef, M. D.

Dr. H. M. Paine, inquired if the earth applied as spoken of in Dr. Ostrom's paper, was the same as that used by Dr. Ludlam in the treatment of ovarian tumors? A certain kind of clay, which has afforded much relief in those cases.

Dr. M. O. Terry: I cannot answer the question.

Dr. T. D. Spencer: It is with much interest that I have listened to the able paper upon Sprains and their treatment as recommended by Dr. M. O. Terry. There are few injuries more common than sprains of the ankle joint, and perhaps none exhibiting greater diversity in treatment. With the permission of the society, I will briefly detail the treatment of this class of injuries as inculcated by Prof. Lewis Sayre, and practiced by myself with uniform good results. A fracture may perhaps wait for a time without detriment, but a sprain demands immediate attention. After thorough examination, excluding fracture, dislocation etc., immerse the limb in a pail of water, hot as can be borne. As the foot becomes accustomed to the heat, it will tolerate a higher degree of temperature, which may be induced by gradually adding boiling water from the tea kettle. The immersion should be maintained for several hours, or until tenderness on slight pressure disappears. Now with a flannel roller, bandage the limb firmly and evenly from the toes to the knee, keep the patient in the horizontal posture with the foot elevated. If the injury be severe especially if ligaments are lacerated the same process must be repeated from day to day until all tenderness has subsided. In the place of the flannel roller I have used the lighter weights of Martin's elastic bandage, and am pleased with its action. I cannot however agree with Dr. Terry in allowing patients to walk about on sprained joints almost immediately, or at least within a few hours from receipt of injury. My

reason is an anatomical one. The cartilages of the ankle joint, like those of other articulations are non-vascular, and receive their nutriment from imbibition. They are therefore of low vitality and prone to take on degenerative action. Now in a certain proportion of cases there is an extravisation of blood beneath the synovial membrane or between cartilage and bone, analogous to a "blood blister." Under such circumstances an accident producing only trifling damage at first, may, if irritated by constant friction, go on to inflammation, ulceration and caries. Rest is a prime factor in the treatment of sprains, and I cannot believe it to be sound surgery to allow a patient to go about on a sprained ankle, until all pain upon pressure and movement has subsided.

Dr. M. O. Terry: Many thanks to the doctor for his complimentary remarks but I cannot agree with him in his treatment of sprains. It was such treatment that I was attempting to improve upon. I do not claim originality in my paper. My aim was to give what has been proven to be the best treatment and to systematize it. In order to do this I have culled, so to speak, through the most recent articles written by the most eminent surgeons.

Dr. J L. Moffat: Would you apply rubber bandages so tight as to impede motion.

Dr. M. O. Terry: I use the light bandage, and do not make it so tight as to impede motion but give gentle pressure.

Dr. T. D. Spencer: I never treated a case as Dr. Terry has directed. If we have infusion I do not consider it good surgery to apply a bandage.

Dr. M. O. Terry: Of course in applying the rubber bandage I make several laps. If pain ensues from motion I do not allow it. The rubber applied properly will admit of a normal amount of blood to flow to the parts and does not impede circulation. I might have presented a number of cases but thought it was unnecessary.

Dr. Geo. S. Norton: A case of lupus recently under my care, in which the earth dressing was used, may be of some interest to the society. Some three months ago a man about fifty years of age came to my clinic at the New York Ophthalmic Hospital. For two years or more he had been troubled with an ulcer of the face, which had steadily increased. Upon examination I found an extensive, deep ulceration involving the whole of the left temporal fossa, extending beneath the zygoma. It had also eaten away the whole of the upper eyelid, and at the inner corner of the eye was attacking the cellular tissue of the orbit. The base of the ulcer was covered with large, dark granulations which bled easily on touch. I took him into the hospital and used the earth dressing for two months, with no success; in fact the discharge seemed to increase, the granulations to grow more unhealthy, and the ulceration to extend, except at the center of the upper eyelid which did improve somewhat. Afterwards Iodoform was used for two or three weeks with decided improvement. The patient was then obliged to return to his home in Connecticut.

Dr. T. L. Brown: How did you use the Iodoform.

Dr. Geo. S. Norton: I dusted it on.

Dr. C. A. Beldin spoke of the use of whiting or chalk in dressing old ulcers. He applied the whiting freely filling the cavity and letting it remain until it fell out, unless there was too much discharge, then it must be taken out, the sore cleansed and the chalk applied again. The ulcer heals rapidly with this dressing.

On motion the report of the bureau was closed and the papers were referred to the publishing committee.

Report of the Bureau of Obstetrics.

In the absence of the Chairman, Dr. R. C. Moffat, the report was presented by Dr. J. L. Moffat, of Brooklyn.

Dr. J. L. Moffat reported several papers and the following were read:

"Ante Partum Treatment," by Herbert M. Dayfoot, M. D.

"Delay in Using Obstetric Forceps," by J. T. Greenleaf, M. D.

"Triplets with Hour-Glass Contraction After the Delivery of the First Fœtus and its Placenta," by A. R. Wright, M. D.

"Albuminuria-Placenta Prævia," by R. C. Moffat, M. D.

Dr. Geo. S. Norton: The last paper, by Dr. Moffat, opens a large field for discussion. The question arises whether or not a patient with albuminuria should be allowed to go to full term when a previous pregnancy has caused more or less loss of vision. A case of this kind I am now watching with a great deal of interest. A young woman reported to me that last February when six months pregnant she had had dropsy from some kidney disease and totally lost her vision for two or three weeks, when a miscarriage took place. About a week afterwards her vision began to return. When I saw her in May her vision was about $\frac{20}{30}$ not improved by glasses. The ophthalmoscope showed that she had had retinitis albuminurica, which was now in the atrophic stage. A careful examination of the urine gave no albumen or casts. She was again two months pregnant, I gave her Merc. Cor. II. and since then, with her physician have watched her carefully, examining the urine from time to time. She is now six months advanced in her pregnancy and no unfavorable symptoms have appeared. There is, as I have said considerable discussion as to the advisability of abortion in these cases. It is my opinion that it should be produced if there is well marked Bright's disease, and at a former pregnancy there has been a decided permanent loss of vision from pathological changes in the retina incident to retinitis albuminurica.

Vice-President W. B. Kenyon in the chair.

Dr. E. Hasbrouck said he had found Merc. Cor. to be a most useful medicine in the albuminuria of pregnancy. Had used it in a number of cases and had been led to believe that its use in those cases had had much to do with preventing puerperal convulsions. He cited a case in which there was scantiness of urine, which upon testing with the usual tests, yielded an almost solid mass of albumen. Œdema was excessive—greater than he ever saw before or since. From these symptoms with others, convulsions were prognosticated and the husband duly informed of the anticipated danger of the case. Merc. Cor., was given several weeks with no appreciable results in decreasing the albumen or œdema, the other symptoms were modified. When labor took place the child

was born before I reached the house (the distance being very short) and the puerperality from beginning to end was without an untoward symptom.

Dr. T. L. Brown asked: What potency did you use?

Dr. E. Hasbrouck: The sixth.

Dr. A. R. Wright confirmed what had been said in regard to Merc. Cor. He used other remedies for the inflammatory conditions but Merc. Cor. to complete the cure.

Dr. E. Hasbrouck: Several years since I read that Fuchsine injected hyprodermically in dogs had produced albuminuria. Taking this fact into consideration I prepared 2d and 3d triturations of Fuchsine and tried it as a remedy for albuminuria. I found that its use would invariably lessen the amount of albumen in urine, but did not seem to modify or relieve any other symptoms of the case.

Dr. Geo. S. Norton: One point! Why would we recommend abortion? I reply, because in these conditions I have described, they lose more and more vision at each pregnancy and are very liable to have total, permanent loss of sight, even at one.

Dr. J. L. Moffat: While confirming what has been said about Mercurius Corrosivus, I would like to report that I have seen very good success follow the administration of Mercurius Dulcis., even in cases of dangerous severity.

Dr. Geo. S. Norton: They will recover a certain amount of vision after each confinement but it will be less and less each time. Merc. Cor. is specially useful in improving the sight in these cases, but it finally fails.

Dr. E. Hasbrouck asked if he had found Phosphorus a useful drug in cases of that disease.

Dr. Geo. S. Norton: Some temperaments seem to call for the use of Phosphorus but I have never observed the same benefit as with Merc. Cor.

Dr. E. Hasbrouck stated that he had used it successfully in several cases.

Dr. D. E. Spoor: I had two or three cases last winter, that may be of some interest. January 16th, 1883, I was called to see Mrs. D., and found her flowing profusely, by inquiry I found she was five months pregnant. I gave her ten drops of Secale first in ⅓ glass of water, a teaspoonfull every fifteen minutes until the hæmorrhage ceased. I called the next day and found the patient comfortable, with no hæmorrhage. I did not see the patient again until January 30th, when I was hastily summoned and found her in the first stage of labor. The pains came on regularly and in one hour the placenta was partly discharged from the vagina, followed by the child, and the balance of the placenta. There was but little hæmorrhage following and the patient made a good recovery.

I was called about May 25th, 1883, to see Mrs. S., and found her flowing badly, and she said she had flowed some for a month, and that she was pregnant five months. I made an examination and found the os slightly dilated, and could feel the placenta presenting from the os, with some pain. I gave five drops of Secale to arrest the hæmorrhage. Soon

after the pains ceased. The pains came on at regular intervals for two weeks, when the child was born. The mother made a good recovery. I diagnosed the cases as placenta prævia.

Dr. H. M. Paine spoke of the successful use of Merc. Cor. in these cases. He had used the third potency.

Dr. C. F. Millspaugh inquired if we were to understand that Merc. Cor. was presented as a *specific* in the treatment of retinitis albuminuria.

Dr. E. Hasbrouck: By no means! Other remedies are sometimes indicated by the totality of symptoms, but I had found Merc. Cor. the one most frequently called for by my cases. I take into consideration the condition as well as the peculiar symptoms.

Dr. C. F. Millspaugh asked: What symptoms indicated its use, or whether it was given empirically in all cases without regard to individuality?

Dr. E. Hasbrouck: The conditions.

Dr. J. L. Moffat: In ante-partum treatment, I wish to ask if we should indulge marked and persistent cravings of the patient. For instance, a habitually temperate lady has a new and almost irresistible desire for brandy; does this not often indicate that the system needs alcohol? But the main point of my question is,—Will the child be more or less apt to have an appetite for drink if we indulge the mother in her craving?

Dr. H. M. Dayfoot: If the patient observed a proper regimen, she would not be liable to have the craving, but if such craving existed, I would consider it abnormal and nothing to be gained by gratifying it. I do not think the indulgence on the part of the mother would pervert the appetite for alcohol in the child.

Dr. C. F. Millspaugh: Why should we not gratify a craving for alcoholic liquors as well as one for prunes or oysters, providing it was abnormal, and not a taste of the patient. If it was beneficial to the offspring to gratify a craving of the mother for oysters, it should also be of like benefit to satisfy any other craving, providing, of course, that nothing would be granted that would cause injury at the time to the mother or child. I think if we cannot do away with the craving by the use of the proper remedy, just as we would any other symptom, it would be better to moderately satisfy it.

On motion, the report of the bureau was closed and referred to the publishing committee.

On motion, the Report of the Bureau of Gynæcology was put over until the morning session.

On motion, the society adjourned until 9 A.M.

SECOND DAY.

The society resumed its session again on Wednesday, at 9 A.M., with the President, Dr. Hasbrouck, in the chair.

Report of the Bureau of Gynæcology.

The Secretary reported that he had received nothing from the Chairman, Dr. Jno. J. Mitchell, and knew of no papers for the bureau.

Dr. A. J. Clark said that he had a paper on "The Prophylactic Treatment of Uterine Disease," by a young lady who was studying medicine, Miss Stella Clark, and which was read before the Broome County Homœopathic Medical Society which he would read if desired.

The paper was called for and by common consent was read.

On motion the report of the bureau was closed and referred to the publishing committee.

Report of the Bureau of Mental and Nervous Diseases.

The Secretary said he had received nothing from the Chairman Dr. C. Spencer Kinney and knew of but one paper by Dr. T. L. Brown.

Dr. T. L. Brown read his paper entitled "The Drugged Insane"

Dr. T. L. Brown: On Saturday last I saw Dr. Armstrong and he made this statement about a medical student from Livingston Co., N. Y. His name is W. W. Burchard, aged 30. When he was brought to the asylum, several weeks ago, he was taking 30 grains of Morphine and 90 grains of Chloral daily. They put him into a room with a good attendant who was to stay with him all the time. The first ten days he did not sleep but the eleventh night he had some sleep. From that time on for a few weeks he gained flesh and continued to improve, and take on flesh very fast until the doctor thought fit to dismiss him as cured. During the whole six weeks he remained at the asylum he had no substitute in place of the Morphine or the Chloral. This history you can see by consulting the books at that institution. Why now should we give every day such drugs as you would feed soup or common food and say you are practicing medicine? Such is the practice of many of the old and "regular" doctors of the olden, very olden times. The improvements in medicine have not reached their prejudiced brains. How noteworthy it is to be "orthodox" in medicine? Shall we test hygiene and then the remedies? Anything rather than torment our patients. We never can drop a bad thing too soon nor too abruptly. No drugs can properly take the place of pure air, good food or pure water, exercise or rest. The practice of physiology is far better than giving drugs.

Dr. A. R. Wright: Dr. Brown's case reminds me of one I had last winter, cured under milk diet in connection with homœopathic remedies. A man in middle life, having taken alcoholic stimulants steadily for twenty-five years and for the last few years very freely. Eats irregularly and sometimes inordinately. The stimulants never affected the brain to intoxication, but caused gastric irritation. Last February, in consultation with two eminent physicians it was decided that he had rodent ulcer of the stomach with slight chances for recovery. When told that total abstinence and a rigid milk diet or death was the alternative, he submitted, after a severe struggle and followed my directions implicitly. On the milk diet, at the end of three months he returned to business, and has been actively engaged in an extensive business since that time; has needed no treatment, is apparently well, with a careful milk and meat diet and total abstinence, with the exception of red wine occasionally.

Dr. C. V. H. Morris said he would like to say a few words as an outsider, as he was not a member of the society. A week ago last Sabbath

I was called to see a child five months old, in great haste, as it was supposed to be dying. It had been visited once, and sometimes twice a day for three weeks by an allopathist. Large doses of five or six kinds of drugs had been given alternately every half-hour, and the mother said often two or three kinds would come together and she did not know which to give. She was told to give all the brandy she could get down. A quart had been given. The bowels had moved very frequently all the time, with pain and griping. The doctor called it cholera infantum, and the day before I was called said there was no help for it as it had sinking spells every three or four hours, when they thought it was dying. I set the medicine all aside, giving Arsenicum and Mercurius Vivus. In the morning the child seemed better, having had no sinking spells. In a few days the discharges became less frequent, and changed to a more healthy appearance. I saw it twice during the week when my services seemed no longer needed. This shows what our practice can do.

President: Before closing the bureau I would say that the reason Dr. Butler, of Brooklyn, failed with his paper, was because of the sickness of his wife and child.

On motion, the report of the bureau was closed and referred to the publishing committee.

Report of the Bureau of Pædology.

The chairman of the bureau, Dr. Charles R. Sumner, was absent.

Dr. A. J. Clark, read a paper by himself on "Cholera Infantum."

Dr. J. L. Moffat: At the Sea-side Home for Children, at Coney Island, maintained by the Brooklyn Children's Aid Society, I have seen striking benefit to children with cholera infantum and marasmus from the mere change of air, but also from salt baths. As the child can stand it, he is held in a warm bath of salt water, and the temperature is lowered by the addition of cold salt water, the body being meanwhile rubbed with the hand. The temperature, length of time in the bath, and repetition will vary with the age and condition of the child. This is the first institution to my knowledge, where the two schools have attended together harmoniously. In the summer of 1879, the system was inaugurated, and has proven very satisfactory. For the past year and a half the Brooklyn Home for Consumptives has also had attending physicians from both schools of practice with satisfactory results.

Dr. O. Groom asked if they attributed the cure to the special action of the salt.

Dr. J. L. Moffat: I give the salt bath for its tonic effect on the skin, which is more marked than is that from a fresh water bath. If I wanted the dynamic effect of the salt, I would give it internally and potentized.

On motion the report of the bureau was closed and referred to the publishing committee.

Report of the Bureau of Ophthalmology.

Dr. Charles Deady, chairman of the bureau reported several papers, and the following were read:—

"A Case of Gonorrhœal Ophthalmia," by Geo. S. Norton, M. D.

"The Care of the Eyes of Lying-in Females," by W. P .Fowler, M. D.
"Clinical Cases," by A. B. Norton, M. D.
"Phlyctenular and Pustular Keratitis," by Charles C. Boyle, M. D.
"Two Cases of Vascular Growth Cured by Remedies," by Charles Deady, M. D., O et. A. Ch.

Dr. S. J. Parker asked Dr. Geo. S. Norton, after the reading of his paper on Gonorrhœal Ophthalmia, what he thought of paracentesis cornea or tapping of the anterior chamber of the eye in such cases for the purpose of relieving the chemosis.

Dr. Geo. S. Norton: Not until the cornea had been perforated from the ulceration.

Dr. S. J. Parker said what he desired was Dr. Norton's opinion on the evacuation of the aqueous fluids as a relief in such violent inflammation of the eye, and further said that his experience was that corneal paracentesis should be early practiced. His first case was that of a livery stable keeper, who infected both of his own eyes, from his own gonorrhœa. He cut the chemotic circle of both eyes thoroughly, after the plan of Dr. Tyrrells who was really the father of reasonable eye treatment in England, yet lost both the corneas of this patient who became blind. Soon after the same prostitute gave the same verdant gonorrhœa to a laborer, both of whose eyes were violently attacked. I again performing Tyrrells operation, cutting in one eye so deeply as to evacuate the aqueous chamber through the cilliary circle, aided by the sudden movement of the patient. This eye, by this involentary paracentesis was saved and the other was lost.

He also reported the case of Dr. C., a man of ultra allopathic ideas, who called him in 1858. The doctor had bled himself until he could not walk or even sit up in bed without faintness from the loss of blood by his own lancet, and his calomel cathartics. The doctor said on my arrival: "I have bled myself until I can be bled no longer, and I shall die if you cannot stop my purging. Yet my eyes are no better." I examined the eyes of this physician patient, and found both corneas gone, so that I saw that neither Tyrrell's nor allopathic bleeding or purgings would save these eyes. My next case was that of Mrs. M., who took gonorrhœa of her own daughter, a prostitute. I called council and we evacuated the aqueous chamber with a fine needle, through the cornea. We had loss of a portion of the cornea of the left eye by ulceration, and saved the whole cornea of the right eye. My question of Dr. Norton was as to what, in the greater experience of the city, is the value of this operation. In this part of the State there are those who always and early evacuate the aqueous fluid in all severe, violent inflammation of the eye, and with a fair degree of success. I advise this early with a fine needle, and that the outer chamber of the eye be kept empty until the violence of the disease is abated, which takes several days. If the experience of Dr. Norton and others, shows that this evacuation is valuable, which our few cases does not fully confirm, it should be known to the whole profession, and especially to such a fine body of medical gentlemen as those now before me.

Dr. Geo. S. Norton: The doctor refers to opening of the cornea,

which may be done with a needle (paracentesis), or by cutting through with a knife (Sæmisch's incision). This is useful in some cases, but is not adapted to crescentic ulceration of the cornea.

Dr. A. J. Clark: Why the use of ice bag? Is it in rapport with the inflammation? Is it homœopathic? May not local treatment be either homœopathic or non-homœopathic?

Dr. Geo. S. Norton: No I believe its action is mechanical.

Dr. E. Hasbrouck: I am surprised that Dr. Norton should so easily pass the question. Its answer is that Dr. Norton and others have found ice bags of service in such cases and to give this particular case the full benefit of his knowledge and experience, used them on it. It is a duty to make use of whatever means we believe will assist the homœopathic remedy to cure a case.

Dr. A. J. Clark: I have not had a large experience in the treatment of ophthalmic diseases but enough to test somewhat the relative virtures or effects, of warm and cold applications. In an epidemic inflammation of the eyes. I found that patients who used warm applications were soon relieved and made a good recovery, while those who used cold applications made a slow and poor recovery. In all local inflammations, where there is engorgement of blood vessels I have come to regard warm applications better than cold.

Dr. O. Groom: I believe in either or both of these methods of treatment. Inflamed or congested parts are sometimes best relieved by cold, at others by heat and often by the use of both, the best results are obtained. The true homœopathic physician will use any agent that will best relieve his patient while he gives the true specific to cure. We use the ligature mechanically to stop the flow of blood. If we consider water as a mechanical agent used to conduct caloric to or from the inflamed part we find the same result produced by either heat or cold. For example, the washer woman's hands and the almost frozen limbs present the same shriveled appearance. When either hot or cold water is applied the result is to lessen the congestion of the capillaries and smaller blood vessels. Hence the one most congenial to the patient should be used to relieve pain and congestion. I have been much afflicted with carbuncle. I find the greatest relief by applying a cold poultice covered with a cloth wrung from cold water and all heavily covered with dry flannel. I find relief first from the cold and greater relief when reaction takes place with an increased amount of heat.

Dr. H. M. Paine made some remarks in regard to the use of hot and cold water.

Dr. Geo. S. Norton: For several years I used hot applications almost entirely in various forms of inflammation of the eye, but during the past three or four years I have more often employed cold. By cold applications I do not mean bathing the eyes in cold water but the use of ice. Ice may be used upon the eye in two ways, first by filling a rubber bag of proper size with cracked ice, rolling in a towel and then placing upon the eye or upon the pillow beside the patient who can then lay his head against the ice bag. Or a larger piece of ice may be placed near the patient, and upon this should be put four to six

compresses made of from three to five folds of old muslin of proper size to cover the eye. One of them should now be placed upon the eye, but changed in from one to three minutes for another; thus constantly changing before they have time to become warm, you will succeed in keeping up a high degree of cold. When iced applications are to be used they must be employed constantly night and day. It does not do to alternate heat and cold. I usually use the ice continuously from three to five days, sometimes longer, sometimes not as long, according to the benefit that is observed. It is especially useful in aborting inflammation in the first stage. It would take up too much of our time to give the indications and contra indications in the various forms of disease of the eye. In general, I might say it is indicated in nearly all varieties of inflammation of the conjunctiva (except phlyctenular) and that it is contra-indicated in nearly all forms of inflammation of the cornea (except pannus), and of the iris (except traumatic). It is also particularly useful in preventing inflammation after injuries.

Dr. Charles Deady: I wish to corroborate what Dr. Norton has said in relation to the use of ice in the treatment of diseases of the eye. As house surgeon of the New York Ophthalmic Hospital I have been able to witness a fair trial of both hot and cold applications. When I first became a member of the hospital staff, some seven years ago, it was quite usual to apply warmth and the result was beneficial in many cases. Even in those days, however, we used ice, but only to a limited extent, and only on a certain class of cases. Gradually as we gained experience we have extended its use, until at present we do not hesitate to apply the iced cloths to any of the acute conditions resulting from disease, injury or operation, except where contra-indicated by ulceration or the formation of pus. Even after cataract operations ice is used with the best results, and I wish to add my evidence to that already adduced in favor of cold as against warm applications.

Dr. A. R. Wright: We outsiders are apt to neglect these cases. I would like to ask a question. How are we to distinguish between the phlyctenular and pustular keratitis in the incipient stage?

Dr. Geo. S. Norton: In phlyctenular keratitis you always find a distinct phlyctenula or pustule on the cornea more commonly at the periphery. This breaks down and leaves a small ulcer, usually very superficial. This form of inflammation is especially found in strumous children, and has a great tendency to recur.

Dr. J. L. Moffat in referring to Dr. Deady's paper, asked if these vascular growths did not disappear spontaneously?

Dr. Chas. Deady: I do not pretend to authority in the premises, but my observation has led me to believe that the tendency of such growths as nævus is rather to increase than otherwise.

Dr. Geo. S. Norton: I never heard of any cures of vascular growths with remedies, especially if congenital. I should never think of giving remedies for this condition.

Dr. A. B. Carr reported a case of vascular growths that he had cured by the use of remedies.

Dr. O. Groom: I arise to say a word in defense of the nurses. They

are charged with allowing too strong light in the room too soon after delivery. These nurses are what we make them. For several years they have been taught that light is an important element in the sick room, and as a rule I think this is true. That there are cases of this class that require the light subdued for the benefit of the eyes, is also true, but there is not a sufficient number of cases to warrant us in changing the rule. When we have the exception we should so inform the nurse, and I think the directions will be carried out. I have always found them ready to acquiesce in my suggestions; but change the rule and you will find too many shut up in close, dark appartments, which I consider most deleterious to this class of patients.

Dr. Geo. S. Norton: Excessive light is no doubt injurious, but so also is a dark room, either extreme should, I believe, be avoided.

On motion, the report of the bureau was closed and referred to the publishing committee.

Report of the Department of Otology.

As Dr. N. B. Covert, the chairman of the bureau, had to return home before the report was called for, Dr. Geo. S. Norton read the following paper:—

"A Case of Mastoid Disease," by N. B. Covert, M. D.

Dr. Norton also read a letter from Dr. Sayer Hasbrouck, dated at the St. Mark's Ophthalmic Hospital for Diseases of the Eye and Ear, Lincoln Place, Dublin, August 29th, 1883, in which he expresses his regret at being unable, on account of his manifold professional duties, to furnish a paper which he had promised the chairman for the meeting.

Dr. E. Hasbrouck asked if erysipelas was not frequently found in connection with chronic suppurative otitis? He had noticed such complications in at least two cases.

Dr. A. B. Carr: Might not the erysipelas in this case be the result of the medicine.

Dr. Chas. Deady spoke of Dr. Houghton's treatment of otitis with erysipelas, in the Ophthalmic Hospital, and of one case where salt aggravated, and when its use was discontinued the patient recovered.

On motion, the report of the bureau was closed and referred to the publishing committee.

By common consent the report of the Bureau of Surgery was reopened, and a paper by Dr. S. J. Parker, entitled "A Case of Compound Dislocation of the Humerus," was read by title, and referred to the publishing committee.

Dr. A. J. Clark asked consent to make a report on Climatology, and spoke of the presence at the meeting of seven physicians from the "Parlor City," Binghamton, and of its delightful and healthy climate. He expressed a wish that the next semi-annual meeting of the society might be held there.

Dr. E. Hasbrouck referred to the excellent hotels at Binghamton.

Further consideration was postponed until the annual meeting.

Miscellaneous Business.

The Secretary read the applications of the following physicians for permanent membership, and they were duly placed in nomination, and referred to the Board of Censors: George S. Norton, M. D., W. H. Proctor, M. D., O. W. Peterson, M. D., Thomas D. Spencer, M. D., Geo. W. Winterburn, M. D., Oran W. Smith, M. D., Daniel Simmons, M. D., George F. Hand, M. D., R. B. Sullivan, M. D., Merritt T. Dutcher, M. D., Wm. C. Latimer, M. D., Moses M. Frye, M. D., J. Mallory Lee, M. D., Sarah Eddy Thorn, M. D., C. W. Cornell, M. D., J. T. Greenleaf, M. D., Irving P. Truman, M. D.

Dr. E. Hasbrouck placed in nomination for honorary membership Dr. Wallace McGeorge, of Woodbury, N. J.

Dr. E. S. Coburn, Treasurer of the Society, presented his report of permanent members and county societies in arrears for dues, as directed by a resolution passed by the society at its last annual meeting.

On motion, the report was referred back to the Treasurer, with instructions to secure such further payment of dues from those in arrears, as he might be able, and make a final report at the annual meeting.

On motion the thanks of the society were extended to the proprietor of the Ithaca Hotel for the use of his parlors, and to the daily press for its full report of the proceedings of the society.

On motion the society adjourned.

II.

Proceedings of the Thirty-Third Annual Meeting of the Homœopathic Medical Society of the State of New York, held in the Common Council Chamber, City Hall, Albany, N. Y., Tuesday and Wednesday, February 12th and 13th, 1884, President Everitt Hasbrouck, M. D., in the Chair.

The proceedings were opened with prayer by the Rev. S. V. Leech, D.D., pastor of the Grace M. E. Church of Albany, and Chaplain of the State Senate, after which the President delivered his

OPENING ADDRESS.

Fellow Members:—

Into the endless eternity has passed another year of the existence of this society.

As were each of the preceeding years, so must the last be subjected to a retrospective glance, and pronounced to be one of progression or retrogression for us as individuals and as an organization. As to the individual status, each of us must act in the dual capacity of witness and judge. As to the society, all may view its career and determine its standing. Because of the position in which your suffrages have placed me, I may be permitted to announce the verdict, which, so far, as evidence has unfolded

to me, is that the society has taken no backward step, and that its march during the year has been upward and onward. The membership has been substantially increased by worthy physicians of both sexes. The principle of our common cause has been upheld by an earnest and candid support. The semi-annual meeting at Ithaca was attended by at least the average number of members and visitors, and was replete with interest and profit. Those of you who were so unfortunate as not to be present must be content to receive the papers in a second-handed manner from the forth-coming volume of transactions. The membership as a whole has rallied to the upholding of the executive board. No semblance of dissension or discord has been observed in any quarter. All has progressed as smoothly as does the placid river. While all that I have said is true, yet I am compelled to say that our Society is not to-day upon as high a plan of merit and usefulness as a society of such age, size, and talent should have reached. It must be confessed that we cannot lay claim as a society to the motto found upon the seal of our State. This honor I think must be gracefully yielded to the Society of Pennsylvania. The reason, it is needless to tell you, is a want of zeal and interest on the part of a large proportion of those who make up this body.

We have again convened for the purpose of increasing that knowledge of disease and its treatment upon which such eager and urgent demands are made by those who seek us in the hours of physical distress.

We are also here to renew and add to the grip of social professional acquaintance. This feature of our meetings is certainly a very profitable method of receiving a merited and oftentimes much needed relaxation from the monotony and exacting demand of a profession which appeals almost unceasingly for the exhibition of the finer attributes of mind and body.

As we gather here to-day we fail to see some faces which had become known to us to some extent as those of co-workers in the cause to which we are related.

No more shall we have in our gatherings Drs. Kimball, Schenck, Switz, Pool, Carpenter and Blumenthal. Others too there may be. It is not my intention or duty to enter into a detailed statement of the relation these deceased brethren bore to the profession and to the society. This tribute to their memory will be given by another far more capable. Suffice it for me to say that each in his sphere has left a void which, with some who knew them, can never be filled by another. The deportment, skill and exercise of gentle sympathy which made them beloved physicians within the circles where they ministered have ended. Their voices are hushed. Death, the common enemy has met and conquered them. They have passed over to the majority to await the time when the kindly offices performed here shall be fully rewarded.

That which these departed ones have left undone in and for the society must now be taken up and finished by those that remain.

There is much labor lying in front of us. Who will volunteer to do it? With this hasty review of the society permit me to present a few thoughts and suggestions.

I think that it has been demonstrated that the Executive Committee is too large and unwieldy. I would suggest that its size be reduced and be made to comprise only the Officers of the Society. As County Societies constitute an integral part of the State Society, it is eminently proper that each should send to this body the full number of delegates to which it is entitled. Since the delegates are the servants of the organization they represent, it is not unjust to expect and demand that the "fees" due for them shall be paid from the treasury of the society represented by them.

It is therefore recommended that the By-Laws be so altered and amended as to distinctly set forth the foregoing thought. The strict compliance on the part of county societies to the By-Laws thus altered will very materially aid in securing an early publication and distribution of the transactions. It is further recommended that all "fees" from county societies and permanent members shall be declared due and payment of the same to the treasurer of the society be required within thirty days succeeding an annual meeting. It seems quite proper that permanent members and county societies sending delegates should receive from the society some equivalent for money paid into the treasury of it. The nearest approach to such equivalent would be for the society to furnish without further cost, its transactions whenever published, giving to each member one copy, and to each county society as many copies as it pays "fees" for delegates. That the society is at present in financial condition to do so is questionable, but if it will adopt the recommendation last made, and insist on a strict adherance to its provisions, it is believed that the society will be very materially aided in securing such a result. To still further place the society upon a basis of business principles, it is suggested that a By-Law can be made which will debar from the privileges of membership these whose "fees" either as members or delegates remain unpaid at any annual meeting.

To the irregular manner in which money has come into the treasury is probably due more than to any other one cause the tardiness which has characterized the annual appearance of the transactions. Other causes may have contributed, and all combined have been detrimental to the best interests of the society, for I believe it will not be disputed that the growth and efficiency of the society and the value of the transactions will most certainly be enhanced by a prompt issue of the annual volume. Therefore I am constrained to recommend that the volume (of the transactions) shall be issued and passed from the hands of the Secretary into those of the persons entitled to receive the same, within three months after an annual meeting. You will pardon me for anothor allusion to the Pennsylvania Society, when I state that we can turn to it for an exampel of promptness in this respect. for its last volume was before the public in less than three months from the time of its meeting, and all that goes to make up such a book is in it, commendable to those through whose hands it has passed. I believe every society should furnish its members with a certificate of membership. With this society there exists no provision for so doing in a regular manner. Although the society has certificates it has been optional with members to receive them upon payment of two

dollars, which has been demanded by the Treasurer. I would recommend that hereafter all members who may be received be furnished with certificates, and to meet the contingency, that Section X. of By-Laws, be altered so as to make the fees of the society to be five dollars for the first year of membership, and three dollars for each subsequent year.

It is perfectly proper that at the opening of each annual meeting the President should present to the society a report relating to the general condition of matters pertaining to the society, together with such suggestions and recommendations as he may deem to be in the interest of it. As the annual meeting is more particularly devoted to the consideration of business, and the semi-annual entirely to the discussion of topics wholly professional in character, and being held in portions of the State widely separated, it seems more proper that that which is termed the "Annual Address" should be delivered at that time, and be of such character as will instruct the public on subjects, the nature of which are essential to its well-being.

Such subjects may be varied from the sanitary, hygienic and purely medical to those which shall partake of a mixed character. It is recommended that the By-Laws be so altered as to conform to the foregoing thoughts on this subject.

At the last annual meeting of the society, my predecessor requested your attention to the efforts of the American Institute of Homœopathy, through its committee, to secure legislation at the National Capitol, which would place all practitioners and students of medicine upon an equality of opportunity for examination for positions in the Army and Navy. The society unanimously indorsed the action of the Institute.

At the last meeting of the Institute its committee presented an exhaustive report of its labors, showing that while some progress had been secured, the full accomplishment of the object for which the committee was appointed is far from being attained. Further action by the society is probably unnecessary, yet I cannot let pass the opportunity to ask every physician here convened to carefully read the report of the committee, as published in the Institute's Transactions for 1883, and then to render all possible aid to secure a result which can only be the embodiment of justice to us as physicians, and as citizens of a free and enlightened country.

Four years ago the society adopted a resolution directing the Committee on Legislation to make efforts to secure the passage of a law which would take from all colleges in the State the power to license its graduates to practice medicine. While this subject, since that time, has been under constant discussion by the profession, no perceptible result has been reached until now, when there are several bills relating to the subject before the Legislature for its consideration. The time for action on our part, as a society and as individuals seems to have arrived. Let me urge upon you to use all endeavor to secure the passage of a law which shall at once be just to the principle in medicine which we uphold, and to the whole profession. My idea of such a law is, that *all* students shall be subjected to examinations which shall comprise the whole subject of medical practice, independent of the college from which their instruction has been received, or the system of medicine to which each individual predeliction may re-

vert. The legislature will, in all probability, enact some one of the many bills placed before it. It will be our privilege and duty to bring to bear such influence as we may upon the appointing power, as will secure to the State an examining board which shall stand aloof from all professional bias, and known only as men of the highest integrity.

To all who may be gathered here during the sessions of the society, I extend, on its behalf, a cordial welcome, and an assurance that no bar or hindrance will be offered to any attempt at discussion which shall come in the interest of helpfulness in our profession.

Dr. A. P. Hollett: The minutes of the last annual meeting having been printed in the last transactions and the minutes of the semi-annual meeting having been submitted to the individuals present for their correction, and as they are quite long I ask that they be read only by title.

Dr. E. S. Coburn: I move that the minutes of the annual meeting be adopted as published. [Carried.]

President: With the permission of the society the reading of the minutes of the Semi-Annual Meeting will be laid over.

The President appointed the following Committees:—

President's Address: Drs. E. S. Coburn, H. C. Houghton and F. Park Lewis.

Credentials: Drs, H. L. Waldo and J. L. Moffat.

Auditing: Drs. N. Osborne, P. W. Mull and H. M. Dayfoot.

Invitations: Drs H. M. Paine, J. J. Mitchell and W. H. Barnes.

The President by common consent deferred the appointment of the Committee on the Regents Degree.

The Secretary read the following communications:—

A telegram from Dr. L. A. Clark, of Cambridge, expressing his sorrow at not being able to be present at the meeting, the first he had missed in ten years, and a hope that it might be a success.

A letter from Dr. H. I. Ostrom, of New York, in which he says: "I again find myself unable to attend the meeting of the society, and have placed the Bureau of Surgery in the hands of Dr. W. E. Milbank of Albany. I hope the meeting will be a successful one."

A letter from Dr. Arthur A. Camp, Minneapolis, Minn., Secretary of the Homœopathic Medical Institute of Minnesota, asking the society to donate to their State Library a copy of the Transactions of the Society for 1883.

The following report of Dr. Alice B. Campbell, of Brooklyn, a delegate to the New Jersey State Homœopathic Medical Society:—

The New Jersey State Homœopathic Society met at Newark, May 1st, 1883. About forty-five persons were present, including two lady members.

Dr. Younglove of Elizabeth, read a paper on Symptomatology, in which he called symptoms the physiognomy of disease. The doctor considers pathology useless as an aid in selecting the drug to cure. The way to disperse the cause being through effects as portrayed by symptoms, no symptoms being too mean to notice, never failing to search in symptoms for the keynote of the drug. Symptomatology most valuable in uterine diseases. He strongly opposed speculum treatment, remarking that it

was well for the liver there was not a vagina leading to it as the market would be flooded with this much abused instrument. The doctor denounced the practice of carrying physical examinations to the extreme in cases of pneumonia. This paper was refreshingly homœopathic in doctrine, while the fearless style of the writer would indicate him to be the same in practice.

The value of the thermometer in disease, was then discussed, the conclusion being that it is chiefly important as a prognosticator.

Dr. Rushmore related some clinical experience in which his treatment of cases showed a steady hand. Obstruction of bowels cured by Kali cm.; chronic backache, by Strontia cc.; stitch up back relieved by drawing shoulders backwark, cured by Cyclamen cc. Case of intermittent fever cured by Ars.^{50}m. and Rhus cm.

One member reported experiments with Menthal or Peppermint, in facial neuralgia; 1 dr. in ½ oz. of Ether, to be applied to the face. It was rather amusing to hear this heterodox prescription called off as something new, bearing as it does a strong likeness to the patent article known as Pain Paint, and which, for many years, has deluded its thousands. It did not require the gift of prophesy to foretell the fate of this specimen of quackery.

Dr. Howard gave a paper, well written and well read, on the physiology of the voice in connection with laryngitis. He said, no teacher of elocution or singing has as yet been able to give an intelligible reason for his peculiar method. There should be no variety of tone or change of quality in the same voice, the more natural the manner of using the more enduring the voice. Voice culture consists in training the abdominal muscles and in breath management, for much breath is generally used in speaking and singing, dexterity and nicety alone required. Medical men must decide the needs in the use and culture of the voice. The mouth and pharynx are to be opened wide enough, and the space kept unchanged during the utterance of sound. It has been through accident alone that successful vocalists have attained the art of using the vocal organs naturally. This paper, full of ideas that might prove servicable to any audience, was meant especially for doctors, that they unite a knowledge of vocal art with medicine.

A committee from this society have coöperated with the State Board of Health in introducing into the public schools a system of instruction in physiology, hygiene, and gymnastics, an example which adjacent cities might copy with advantage.

The name of Dr. Titsworth was ordered to be dropped on account of lending his name to the sale of a fever cure.

Dr. Butler related a case which began with a blister on the hand, from a burn, after being pricked by a pin ended with pneumonia. The doctor inclined to believe the pin had poisoned the blood. Aconite cm. cured.

Dr. McGeorge exhibited the heart of a man who died from angina pectoris. It was wholly hypertrophied, the aorta and coronary arteries were ossified.

Other papers were read and discussed, the members evincing a disposition to keep close to the line of truth in their arguments. The impres-

sion made by the general spirit manifested throughout the whole proceedings was that the New Jersey Society still adhered to its character as a homœopathic organization, with a tenacity that is becoming less and less common, which fashionable swerving from an avowed profession is bringing our chosen school into disrepute and stigmatizing its members as false to their convictions. ALICE B. CAMPBELL, M. D.,

Delegate to New Jersey Society.

The following report of Dr. Anna C. Howland, of Poughkeepsie, a delegate to the Vermont State Homœopathic Medical Society:—

Having been appointed by our President a delegate to the Vermont Homœopathic Medical Society, I attended the semi-annual meeting of said society, held May 5th, 1883, at Burlington, in the parlors of the Van Ness House.

On presenting my credentials I was cordially welcomed and especially invited to take part in all discussions. The only other delegate present from any State, was Dr. Peck, of Rhode Island.

About twenty members were present and *every one* took some part in the meeting, and nearly every one presented some case from his own practice. This made the meeting not only pleasant but exceedingly profitable. As there are only about eighty members in the State Society, the attendance of twenty active, live men at a semi-annual meeting showed a good interest in the welfare of the society.

The Secretary of the society wrote an urgent invitation to be present at the annual meeting, but circumstances beyond control prevented attendance. ANNA C. HOWLAND.

The Secretary stated that he had a communication from Charles Deady, M. D., Secretary of the Homœopathic Medical Society of the County of New York, dated February 4th, 1884, stating that the inclosed resolutions were duly passed by said society at its last meeting, and were transmitted for presentation to the State Society, and that the resolutions related to the bills now before the legislature to regulate the practice of medicine. As they are quite long, is it the wish of the society that they should be read?

Dr. E. S. Coburn: This seems a communication of importance, and I move that it be read.

The President: There being no objection they will be read.

Resolved, That this, the Homœopathic Medical Society of the County of New York, respectfully petition the Homœopathic Society of the State of New York to take immediate action against the passage, through the Legislature of this State, now in session, of "An Act to establish the Medical Faculty of the University of the State of New York, to regulate the licensing of practitioners of Physic and Surgery, and to further regulate the practice of Physic and Surgery," said act having been or to be presented and urged for passage by the Erie County Medical Society. Some of the reasons for this petition are:—

1st. Because said medical faculty are to be appointed (without nomination from or confirmation by, any medical or other body), by a layman, the Governor, who is alone to be the judge of who may be competent

medical examiners, and who, getting representatives of the so-called allopathic, homœopathic, and eclectic schools of medicine.

2d. Because said medical faculty is to be composed of nine members, six of whom have power to decide all questions coming before said Faculty, and six of these members being representatives of the so-called Allopathic School.

3d. Because six members of said faculty, by deciding that homœopathic colleges are not in good standing, can prevent, without remedy, graduates therefrom from receiving a license to practice.

4th. Because six members of said faculty are given absolute power to revoke all license, for unprofessional or dishonorable conduct, of which conduct they are to be the sole judges, and from whose decisions there is to be no appeal.

5th. Because the passage of said act would take from the profession the power of government over its members and place such power in the hands of six allopathists, in whose appointment homœopathists can have no voice, and against whose possible unfair decisions they are given no means of redress.

6th. Because in all other powers than in those above mentioned in which they have sole authority, they are responsible only to the Board of Regents, a body of laymen.

7th. Because no provision in said act is made for the removal of members of the Faculty in case of incompetence or faithlessness.

8th. And because no law, effecting such profound changes in the medical policy of the State, should be passed until it has been duly considered and endorsed by the medical profession as a whole. This proposed act was not adopted by the Erie County Medical Society until September 8th, 1883, and has not been presented properly to the notice of the profession. No copy of the proposed bill has ever been sent to this society, nor in any way has the attention of this or any other homœopathic medical society, County or State, been directed to it by the Erie County or any other medical society, and, as in the framing of the bill homœopathic interests were not righteously regarded, so in the support which has been asked for it, homœopathic organizations have been entirely ignored.

Dr. F. Park Lewis: I move that the resolutions be received and laid upon the table.

Dr. H. C. Houghton: I offer an amendment that these resolutions be referred to the Committee on Legislation with the request that they frame a suitable resolution and present it to the society before the closing of the meeting.

Dr. F. Park Lewis: In view of the fact that a committee has been appointed to report upon the President's address, I prefer that the motion should go before the society.

Dr. H. C. Houghton: I beg the gentleman's pardon. I took no exception to the Committee on the President's Address. It seems to me absolutely necessary that it should go in the way I suggested.

The President: If you will allow me to say I made no suggestion to

the society with regard to the Medical Law as a society, but to individuals.

Dr. F. Park Lewis: I accept the amendment.

The motion was carried and the resolutions were referred to Committee on Legislation.

The Secretary: I have another communication from Dr. C. A. Waller, of Brooklyn, in which he informs me that he has been using his efforts against the passage of this bill now before the Legislature, to regulate the practice of medicine, and that he has succeeded in securing some pledges from members of the Legislature to vote and do what they could against the bill. I have also other communications; some that were presented at our semi-annual meeting from members that offer their resignation as permanent members of the society, viz: Dr. A. Berghaus, of New York; Dr. H. B. Millard, of New York; Dr. J. C. Minor, of New York; Dr. E. P. Fowler, of New York. In this connection I would also call the attention of the society to a communication from Dr. Alfred K. Hills, of New York, which was read at the last annual meeting and laid upon the table.

Dr. E. S. Coburn: In the matter of Dr. Hills, not knowing that his resignation had been laid on the table, about the first of January I had cause to send him a bill, and he writes me this: "As I have resigned my "membership and paid my dues to date of resignation, that is last Febru- "ary, I do not see why you should think I ought to pay the bill; erase "my name from your books, &c." I wrote the doctor that his resignation had been laid on the table, and as he was a member I thought it proper to send him a bill, and in another note he writes me that, "My res- "ignation was deliberate and must be final."

Dr. E. S. Coburn: I move that the resignations of all these gentlemen be accepted.

Dr. N. Osborne: Have any of these gentlemen paid their dues to the time of resignation?

Dr. E. S. Coburn: I will state for the information of the society, that the dues of Dr. Hills are paid to the time of his resignation. His resignation not having been accepted, he is in debt for one year. In the matter of Dr. Berghaus he is indebted for the last year, although in the communication received some time ago, he said that his letter had been sent some time ago and didn't see why he should be in arrears for dues of last year. However, I think his letter had been sent after the last annual meeting, and I wrote him that his resiginaton was sent after our meeting, and during the recess, and he has made no reply. He is the only member spoken of who is in arrears.

The motion was carried.

Dr. E. S. Coburn: In the matter of resignations, I have one or two others perhaps that should be considered at this time, that of Dr. E. W. Storm of Wilmington N. C. He appeared on our books in arrears for a number of years to as late as the 1st of January 1884, he finally makes out that he has moved away in the, following letter: —

"I have received your annual statements and at this late day will rise to explain. Hardly a month after my election as a permanent member I left the State. Being so far removed that it was impossible to

attend the meetings or be benefited thereby, I concluded to let the matter drop as I could not see how my connection with the society could be maintained under the circumstances." That is the first communication I have been able to get from him, and as in duty bound I sent him a bill—I move you sir, that his resignation be accepted.

The motion was carried.

President: Dr. Holden, Chairman of the Board of Censors, desires that the censors meet at the further end of the room to complete their labors.

Dr. E. S. Coburn: I have communications from Dr. Charles A. Church, who removed to the State of New Jersey, and for six or seven years I have been unable to get a letter from him, but at last he has made up his mind to send in his resignation; and from Dr. W. C. Doane, of Williamsport, Pa., who sends his resignation. I would state that at the time of their removal these gentlemen were not in debt to the society. I move that their resignations be accepted.

The motion was carried.

Dr. A. P. Hollett: In regard to the communication from Dr. Arthur A. Camp, asking for a copy of the Transactions of the Society for 1883, for their State Library, I would move that the request be granted.

The motion was carried.

The following were reported as present during the session of the society, by the Committee on Credentials: Drs. J. Savage Delavan, E. D. Jones, C. E. Jones, W. E. Milbank, Geo. E. Gorham, L. M. Pratt, Catharine E. Goewey, H. M. Paine, H. L. Waldo, G. H. Billings, T. L. Brown, T. S. Armstrong, J. F. McKown, S. H. Carroll, A. E. Quick, A. J. Bond, S. A. Cox, W. H. Barnes, P. W. Mull, S. E. Calkins, H. D. Jones, C. E. Lane, D. B. Stumpf, F. Park Lewis, N. Osborne, J. S. Heinemann, Gertrude G. Bishop, Susan S. McKinney, E. Hasbrouck, J. L. Moffat, W. M. Butler, B. R. Gifford, Thomas D. Spencer, M. E. Graham, H. M. Dayfoot, E. H. Eisenbrey, S. P. Burdick, Geo. W. Winterburn, Geo. M. Dillow, W. Y. Cowl, A. B. Norton, H. C. Houghton, M. O. Terry, R. B. Sullivan, N. B. Sullivan, J. H. Demarest, N. B. Covert, J. J. Mitchell, C. M. Lawrence, S. H. Talcott, A. P. Williamson, E. S. Coburn, E. L. Crandall, W. W. French, A. P. Hollett, L. Faust, W. M. Decker, A. W. Holden, R. Slocum, C. M. Mosher, J. N. Tilden, R. R. Trotter, P. H. Mason; and delegates from other State Societies: Dr. E. L. Wyman, Factory Point, Vt., Dr. T. H. Mann, Woonsocket, R. I.

The Treasurer, Dr. E. S. Coburn, read his annual report, which was referred to the auditing committee, and which is as follows:—

Edward S. Coburn, M. D., Treasurer, in account with the Homœopathic Medical Society of the State of New York:—

DR.

To cash from Permanent Membership County Societies and Certificates of Membership, - -	$879
To Cash from sale of books, - - - -	204
Total, - - - -	$1083

CR.

By cash paid, as per vouchers, - - - -		$923 06
Balance after paying $21.15 of previous indebtedness,		159 94
Assets due from members, - - -	$1125	
Assets due from County Society delegates,	1143	
Total, - - -	$2268	

Dr. E. S. Coburn: I had prepared a list of members in arrears for presentation at the semi-annual meeting, and at that time a resolution was offered that the report be referred back, and reported at the annual meeting here. I have again prepared a report. I have been a little at a loss to know what the resolution meant, whether it meant the entire membership in arrears, or as the by-laws say, "members five years in arrears should be dropped from the roll." I have prepared a complete list of members and county societies who are in arrears, and also of members who have been five years or more in arrears. The resolution calls for the entire report. The by-laws simply call for a statement of members five years in arrears, and that is the only portion really to be considered. I have prepared it in dollars and not in years.

Report of Permanent Members five years and over in arrears for dues:

W. A. Hawley, $24; M. F. Sweeting, $24; M. W. Campbell, $24; R. D. Bloss, $57; F. L. Vincent, $21; P. P. Wells, $21; S. C. Hanford, $30; I. C. Owen, $21; P. L. F. Reynolds, $27; T. L. Blodgett, $21; P. H. Hulst, $21; H. J. Ward, $42; C. Lowrey, $39; G. C. Hibbard, $15; G. H. Greeley, $15; E. C. Bass, $15; J. N. White, $42; A. E. Wallace, $33; R. R. Gregg, $24; W. H. Hanford, $18; W. M. Gwynn, $27; Jay Ball, $27; H. D. Brown, $21; A. T. Bull, $36; G. H. Beach, $36; S. C. Warren, $36; J. G. Bigelow, $27. In accordance with the by-laws these members "shall be dropped from the roll."

Dr. Coburn also reported the number of county societies in arrears, and read letters from Dr. Ingalls and others in regard to those organizations.

Dr. E. S. Coburn: It would seem, according to our by-laws, that some action should be taken. This is so much driftwood, and I don't know as they do us any good. I wish this matter to be looked over carefully and some action taken on it, other than leaving it to the by-laws.

Dr. S. P. Burdick: I move that the report be accepted and referred to a committee of three for suggestions.

Dr. Geo. M. Dillow: I second that motion. [The motion was carried.]

Dr. P. W. Mull: Columbia County for a number of years has had no delegates, because all our members are permanent members of the State Society, and all the money our treasurer paid, was paid to the State treasurer. I move that the dues for Columbia County Society be remitted.

Dr. E. S. Coburn: I would state that the dues for '82 and '83 were paid, it is the previous dues that the doctor wishes remitted. I second the motion. [The motion was carried.]

Dr. P. W. Mull: We have in our county Dr. Calkins, for the last six

years his health has failed, and he is unable to do any business, and I move that his dues be remitted.

Dr. W. H. Barnes: I second that motion. He has been a member of this society from its organization. He has been a faithful and hardworking man, has ever taken an interest in the society; old age and financial embarrassment has crept upon him, and I cordi ally second the motion.

The motion was carried.

Dr. H. C. Houghton: I understand from these gentlemen that it would be a pleasure for this veteran to receive annually the Transactions of this Society. I move that Dr. Calkins receive from the society the Transactions.

Dr. E. S. Coburn: We have some other members that stand in the same position with Dr. Calkins, and I would include this in the motion.

Dr. S. P. Burdick: I would like to add to this amendment that their membership be continued without dues and the Transactions furnished them.

The amendments were accepted and adopted, and the original motion was carried. The President appointed Drs. S. P. Burdick, M. O. Terry, and J. J. Mitchell a Committee on the Treasurer's Special Report.

Nomination of Officers.

Dr. J. J. Mitchell: I nominate Dr. E. S. Coburn, of Troy, for President of the Society.

Dr. H. M. Dayfoot: I have the pleasure of nominating a gentleman, who, if elected would fill the position with credit. I nominate Dr. M. O. Terry, of Utica.

Dr. H. C. Houghton: I desire to second Dr. Mitchell's nomination of Dr. Coburn, of Troy. I think that the members who have attended the annual and semi-annual meetings for the past seven years know something of the work which has fallen upon Dr. Coburn. It seems to me that it would seem only a courtesy on the part of the society to honor him by putting him in the Presidental chair.

Dr. S. H. Talcott: I nominate Dr. J. W. Dowling, of New York.

Dr. S. P. Burdick: I second the nomination.

Dr. W. W. French: I second the nomination of Dr. Terry.

Nominations for President were then closed.

Dr. F. Park Lewis: I shall name for first Vice-President a man who is favorably known throughout the profession, whose attainments are unquestionable and whose work in the society has placed him in a position that would honor the society by making him its first Vice-President. I would name for that position Dr. Henry C. Houghton, of New York.

Dr. Geo. M. Dillow: I second the nomination.

Dr. E. Hasbrouck: I nominate for second Vice-President Dr. R. A. Adams, of Rochester.

Dr. J. S. Delavan nominated Dr. H. L. Waldo of West Troy for third Vice-President.

Dr. E. Hasbrouck: I nominate Dr. E. W. Bryan, of Corning.

Dr. Dayfoot: I nominate Dr. A. P. Hollett for Secretary.

Dr. Talcott: I nominate for Treasurer, Dr. E. S. Coburn.

Dr. Dillow: I nominate for Treasurer, Dr. A. P. Williamson.

Dr. A. P. Williamson: I would decline that nomination.

Nomination of Censors.

Dr. W. H. Barnes: May I ask the chair what counties constitute the Northern District.

Dr. W. W. French: I would nominate the present incumbents for that district.

Dr. H. L. Waldo: I move that the nomination of Censors of this Society be referred to a committee of three.

Dr. W. W. French: I withdraw my nomination and second the motion of Dr. Waldo.

The motion was carried.

Dr. E. Hasbrouck: I nominate for Treasurer Dr. H. L. Waldo, of West Troy.

Dr. F. Park Lewis: Will not these nominations make the same man run for two distinct offices.

Dr. E. S. Coburn: I withdraw my name as a candidate for treasurer.

Dr. W. H. Barnes: I nominate Dr. P. W. Mull, of Columbia County, for third Vice-President.

Dr. A. P. Hollett: I move that the election of delegates to other societies be referred to the President to be elected and he be allowed to appoint them. [Carried.]

Nomination of Permanent and Honorary Members.

Dr. A. P. Hollett: I have applications from the following physicians, whom I would place in nomination.

Henry R. Stiles, A. M., M. D., of New York, a graduate of the Medical Department of the University of New York City, 1855.

Edward L. Crandall, M. D., of Troy, a graduate of the Albany Medical College, 1880.

John F. Wage, M. D., of Buffalo, a graduate of the Detroit Homœopathic College, 1874.

Daniel B. Stumpf, M. D., of Buffalo, a graduate of the Cleveland Homœopathic Hospital College, 1876.

Hiram E. Fuller, M. D., of Lansingburgh, a graduate of the Berkshire Medical College, 1852.

Eliza J. Beach, M. D., of Waverly, a graduate of the Cleveland Homœopathic College, 1877.

Frances M. Wright, M. D. of Waverly, a graduate of the University of Ann Arbor, 1878.

Dr. A. P. Hollett: These should be referred to the Board of Censors, as provided by the by-laws, and reported at the next annual meeting.

President: If there is no objection, the names will be referred to the censors.

Dr. A. P. Hollett: I move that the nominations for Honorary Membership be referred to the committee to nominate censors, and that they report at the time of the election of officers. [Carried.]

Dr. A. W. Holden, Chairman of the Board of Censors, made the following report:—

Report of the Board of Censors.

The Board of Censors respectfully recommend the election of the following applicants for permanent membership in this society:—

Geo. S. Norton, New York, a graduate of the New York Homœopathic College, 1872. Recommended by Drs. C. E. VanCleef, E. J. Morgan, Jr. and A. R. Wright.

W. H. Proctor, Binghamton, a graduate of the Hahnemann College, Philadelphia, 1880. Recommended by Drs. E. E. Snyder, C. F. Millspaugh and A. J. Clark.

O. W. Peterson, Waterloo, a graduate of the Hahnemann College, Philadelphia, 1859. Recommended by Drs. N. B. Covert, T. L. Brown and A. P. Hollett.

Thomas D. Spencer, Rochester, a graduate of the New York Homœopathic College, 1878. Recommended by Drs. H. M. Dayfoot, E. J. Morgan, Jr. and C. E. VanCleef.

Daniel Simmons, Jr., Brooklyn, New York Homœopathic College, 1873. Recommended by Drs. W. M. L. Fiske, J. W. Dowling and E. Hasbrouck.

George F. Hand, Binghamton, a graduate of the New York Homœopathic College, 1865. Recommended by Drs. E. S. Coburn, E. Hasbrouck and A. J. Clark.

R. B. Sullivan, Baldwinsville, a graduate of the New York Homœopathic College, 1875. Recommended by Drs. C. E. VanCleef, A. P. Hollett and John L. Moffat.

Merritt T. Dutcher, Owego, a graduate of the New York Homœopathic College, 1880. Recommended by Drs. E. E. Snyder, A. J. Clark and E. Hasbrouck.

William C. Latimer, Brooklyn, a graduate of the New York Homœopathic College, 1881. Recommended by Drs. Edward Chapin, Henry Minton and E. Hasbrouck.

Moses M. Frye, Auburn a graduate of the Hahnemann College, Philadelphia, 1870. Recommended by Drs. T. L. Brown, E. E. Snyder and A. J. Clark.

J. Mallory Lee, Rochester, a graduate of Michigan University, 1878. Recommended by Drs. A. R. Wright, Allen B. Carr and H. M. Dayfoot.

Sarah Eddy Thorn, Catlin, a graduate of the Women's Medical College of Pennsylvania, 1872. Recommended by Drs. N. R. Seeley, A. R. Wright and A. P. Hollett.

C. W. Cornell, New York, a graduate of the New York Homœopathic College, 1877. Recommended by Drs. Walter Y. Cowl, A. P. Hollett and E. Hasbrouck.

J. T. Greenleaf, Owego, a graduate of the New York Homœopathic College, 1867. Recommended by Drs. Geo. E. Gorham, E. E. Snyder and E. Hasbrouck.

Irving P. Truman, Belmont, a graduate of the Cleveland Homœopathic College, 1870. Recommended by Drs. T. L. Brown, M. O. Terry and A. P. Hollett.

And the Censors further recommend greater carefulness, in the endorsement of applications for permanent membership; so that the State Society may continue to maintain its standing for medical attainments and professional worth. A. W. HOLDEN, Chairman.

Dr. H. M. Dayfoot: I move that the report be received and these gentlemen declared elected.

Dr. A. W. Holden: I think the better way would be to authorize the secretary to cast a ballot.

Dr. H. M. Dayfoot: I move that the secretary be instructed to cast a ballot for these gentlemen.

Dr. A. P. Hollett: The By-Laws require that those recommended by the Board of Censors shall be balloted for and all who shall have received a majority of the votes cast by the members present shall be declared elected. Would that be the vote of the members present?

Dr. W. H. Barnes: It would only be to expediate matters. I see no legal or technical objection to the course.

Dr. A. W. Holden: I second the motion.

The motion was carried.

The physicians reported by the Board of Censors were duly elected permanent members.

Nomination of Chairmen of Bureaux.

Dr. W. Y. Cowl: In consideration of the fact that when we attempt to nominate chairmen for the various bureaux, we may not be able to get the very best men for the position and may on the other hand get the best, if left to the consideration of a committee who may be better informed. I therefore move you that the nomination of chairmen of the various bureaux be referred to a committee composed of the present officers of the society.

Dr. Geo. M. Dillow: I second the motion.

Dr. W. W. French: I move to amend that the chair appoint a committee of three.

Dr. W. Y. Cowl accepts the amendment. The motion as amended was carried.

Dr. N. Osborne, from the Committee on the Treasurer's Report, reported that they found the treasurer's report correct.

Dr. W. W. French: I move that we receive the report of committee, and that the committee be discharged. [Carried.]

Dr. Holden: As a matter of courtesy, I beg permission to make the Necrologist's Report now, that I may be able to leave on the next train. There being no objection the report was called for.

Necrologist's Report.

To the President, Officers, and Members of the New York State Homœopathic Medical Society:—

GENTLEMEN: Herewith I have the honor to report a mortuary record of members of this society, dating back as far as 1868, and embracing memoirs of the following individuals, viz.:—

1.—A. Cooke Hull, M. D.,	of Brooklyn	1868.
2.—Benjamin F. Bowers, M. D.,	" New York City,	1875.
3.—I. S. P. Lord, M .D.,	" Brooklyn,	1877.
4.—H. F. Adams, M. D.,	" Canastota,	1880.
5.—Albert E. Sumner, A. M., M. D.,	" Brooklyn,	1882.
6.—D. S. Kimball, M. D.,	" Sackett's Harbor,	1883.
7.—Benjamin B. Schenck, M. D.,	" Plainville,	"
8.—Augustus Pool, M. D.,	" Oswego,	"
9.—C. H. Carpenter, M. D.,	" Troy,	"
10.—Chas. E. Blumenthal, M. D., LL.D.,	New York,	"
11.—A. M. Woodruff, M. D.,	" Los Vegos. N. M.,	"
12.—Robt. J. McClatchey, M. D., Hon.,	" Philadelphia, Pa.,	"

Of the following names sufficient data have not been obtained to enable the necrologist to compile a satisfactory memoir, viz. :—

A. H. Okie, M. D., Hon.,	Providence, R. I.
William Bayes, "	Brighton, Eng.
J. J. Navarro, "	Santiago de Cuba.
Alfred H. Beers, M. D.	Buffalo.
P. W. Gray, M. D.,	Elmira.
Benjamin Lansing, M. D.,	Rhinebeck.
E. A. Potter, M. D.,	Oswego.
Alvin Shattuck, M. D.,	Buffalo.
E. B. Squires, M. D.,	Syracuse.
W. G. Woolcott, M. D.,	Whitehall.
Harmon Switz, M. D.,	Schenectady.

These biographical sketches have been gathered from various sources, and are believed to be authentic, and trustworthy so far as they go. I would respectfully commend to the members of this society a special interest in this department of the transactions, that at the earliest opportunity they forward to the necrologist notices of the death of any of its members, with such data and information as may be gathered to form a creditable and truthful account of the life-work, which often constitutes the only monument a professional brother has erected to his memory. And here your memorialist begs to tender his grateful acknowledgements to the President, the Secretary, and Treasurer of this society, for important aid rendered in this direction during the year now ended. All of which is respectfully submitted.

A. W. HOLDEN,
Necrologist.

On motion the report was received and adopted.

Election of Honorary Members.

Dr. A. P. Hollett: There were no persons placed in nomination at the last annual meeting, but at the last semi-annual meeting, Dr. Wallace McGeorge, of Woodbury, N. J., was placed in nomination.

Dr. E. Hasbrouck: I nominated him at the last semi-annual meeting. He is a man who has contributed considerable to our transactions, he has occupied positions of trust in the New Jersey State Society, and is considered one of the leading homœopathic physicians in that State. I believe him a proper candidate for honorary membership in this society,

and I ask that the by-laws be suspended and he be elected an honorary member of this society. On motion of Dr. J. J. Mitchell, seconded by Dr. N. Osborne, Dr. Wallace McGeorge was declared elected an honorary member.

Nomination for Regents Degree.

Dr. S. H. Talcott nominated Dr. S. P. Burdick, of New York, the nomination being seconded by Dr. T. D. Spencer, of Rochester. It was referred to the Committee on the Regents Degree.

On motion of Dr. E. Hasbrook the selection of a place for holding the semi-annual meeting was laid over until to-morrow, immediately after the election of officers.

Dr. S. H. Talcott: I would like to inquire under what rule the nomination of candidates for the Regents Degree is referred to a committee.

The President: There is such a rule.

Dr. A. P. Hollett: I will read the by-law in answer to Dr. Talcott.

The chair appointed the following committees:—

On Regents Degree: Drs. J. J. Mitchell, W. W. French, and D. B. Stumpf.

On Chairmen of Bureaux: Drs. W. Y. Cowl, C. E. Goewey, and S. H. Talcott.

Dr. J. Savage Delavan: *Mr. President*: I rise to announce to the society the already well known tidings of the sudden death of my honored colleague Elisha Harris, M. D., Secretary of the State Board of Health of New York. In the zenith of his fame as a sanitarian a philanthropist and scientist when his mind prepared by long study and close application was as bright and capable of earnest work as in his younger days. In the midst of his usefulness to the State and the Nation he has been called from labor to eternal rest. It needs no word from me, Mr. President, to eulogize his memory. His life work has stamped his name in lasting letters on the age, but the fact of his death being a public calamity to the medical profession and to the whole country leads me to express the hope that this society will take cognizance of his sudden departure, and in some fitting manner give expression to its sorrow. Dr. Harris was a man of broad views, working for the good of mankind, he knew no school of medicine in the science of hygiene. Ever ready to acknowledge and recognize the aid given by members of all schools, with no code to bind him but the code of a gentleman and a Christian in his sanitary work; faithful, unselfish, untiring in his efforts to aid the great work of prolonging human life, his death leaves a void that cannot easily be filled. In view of these facts, Mr. President, I beg leave to offer the following resolution:—

Resolved, That in the death of Elisha Harris, M. D., late Secretary and Commissioner of the State Board of Health of New York, the medical profession has lost an eminent and honorable brother, that his labors in the cause of sanitary science, have been unequalled by any member of the profession of his day, and that this society desires to give public expression of their appreciation of his services in the cause of public health and their sorrow at his death.

Such men Mr. President belong to no school, their lives are the

property of all who labor for the good of the race. His life is finished; but his name will live forever, in the grateful remembrance of the people he has benefitted by his wisdom and his knowledge, and by his untiring devotion to the work of sanitary reform.

Dr. W. Y. Cowl: I would second the resolution.

The resolution was adopted unanimously.

Report of the Committee on Medical Societies and Institutions.

To the Homœopathic Medical Society of the State of New York:—

Your committee has the honor to report that it has been able to obtain statistics in relation to the work of the year just closed, from thirty medical socities; eight hospitals, asylums and institutions; the State University; three colleges and five dispensaries.

The societies have a membership of 1057. During the year, 1883, 111 new members were admitted. In the hospitals, asylums, etc., 17,636 patients received treatment. There were 202 matriculants in the colleges. The Homœopathic Board of Examiners of the State University was not called upon to examine anyone for a degree during the year just closed. The statistics from the dispensaries show that 53,226 prescriptions were made, and 20,404 out door patients were visited.

For the statistics in full we would respectfully refer you to the annexed tables.

Respectfully submitted,

A. P. WILLIAMSON,

Chairman of committee on Medical Societies and Institutions.

TABLE NO. 1.—SOCIETIES.

TITLE.	PRESIDENT.	SECRETARY.	ORGANIZED.	MEMBERSHIP	ADMITTED IN 1883.	TIME OF MEETING.
Hom. Med. Society of N. Y. State.	E. Hasbrouck, M. D.	A. P. Hollett, M. D.	May 15, 1850	236	54	Semi-annually
Albany Co. Hom. Medical Society.	L. M. Pratt, M. D.	Geo. E. Gorham, M.D.	Jan. 24, 1861	20		Quarterly.
Broome Co. Hom. Med. Society.	H. S. Sloan, M. D.	C.T.Millspaugh, M.D.	Apl. 13, 1880	9	1	Monthly.
Cayuga Co. " " "	O. W. Smith, M. D.	Geo. A. Taber, M. D.	Feb. 16, 1860	12		Quarterly.
Central N. Y. " " "	A. E. Wallace, M. D.	C. P. Jennings, M. D.	May, 1866	65	3	"
Chautauqua and Cattaraugus Cos. Hom. Medical Society.	C. Ormes, M. D.	A. W. Dods, M. D.		25	3	Semi-annually
Chemung Co. Hom. Med. Society.	L. D. Parkhurst, M.D.	O. Groom, M. D.	1861	14	1	" "
Chenango Co. " " "	R. E. Miller, M. D.	S. J. Fulton, M. D.	Jan. 9, 1872	7		" "
Columbia and Greene Counties Hom. Medical Society.	W. H. Barnes, M. D.	T. T. Calkins, M. D.	1861			" "
Dutchess Co. Hom. Med. Society.	J. C. Otis, M. D.	A. C Howland, M.D.	1861	13		" "
Erie County " " "	J. F. Wage, M. D.	L. A. Bull, M. D.	Dec. 4, 1859	31	3	Annually.
Hom. Med. Society of Kings Co.	C. L. Bonnell, M. D.	J. L. Moffat, M. D.	Nov. 12, 1857	80	3	Monthly.
Livingston Co. Hom. Med. Soc'y.	P. W. Neefus, M. D.	B. P. Andrews, M.D.	Dec. 1, 1857	9	1	Semi-annually
Madison County " " "	G. B. Palmer, M. D.	J. T. Wallace, M. D.	Jan. 4, 1865	13		" "
Monroe County " " "	J. W. Buel, M. D.	V. A. Hoard, M. D.	Jan. 2, 1866	32	5	Quarterly.
Montgomery Co. " " "	C. B. Walrad, M. D.	W. S. Garnsey. M.D.	1869	11		"
Niagara and Orleans Counties Hom. Medical Society.	No report.					
Hom. Med. Society of N. Y. Co.	F. E. Doughty, M.D.	C. Deady, M. D.	Nov. 11, 1857	180	10	Monthly.

TABLE NO. 1.—SOCIETIES.—(CONTINUED.)

TITLE.	PRESIDENT.	SECRETARY.	ORGANIZED.	MEMBERSHIP	ADMITTED IN 1883.	TIME OF MEETING.
Oneida and Herkimer Counties Hom. Medical Society.	Geo. Allen, M. D.	C. C. Chase, M. D.	Oct. 20, 1857	21	2	Quarterly.
Onondaga Co. Hom. Med. Soc'y.	W. H. Hawley, M.D.	R. B. Sullivan. M. D.	Dec. 3, 1868	29		Monthly.
Orange County Hom. Med. Soc,y.	A.P.Williamson, M.D	I. S. Bradner, M.D.	Nov. 12, 1851	14		Semi-annually
Ontario and Yates Counties Hom. Medical Society.	No report.					
Otsego Co. Hom. Med. Society.	" "					
Oswego Co. " " "	G. D. McManus, M.D.	——Hopkins, M. D.	1861	10		Semi-annually
Queens Co. " " "	C. A. Beldin, M. D.	W. A. Allen, M. D.	1873	5	1	Quarterly.
Rensselaer Co. " " "	No report.					
Saratoga Co. " " "	" "					
St. Lawrence Co. Hom. Med. Soc'y.	——Macomber, M. D.	N. N. Childs, M. D.	June, 1871	22		Annually.
Schuyler Co. " " "	No report.					
Seneca Co. " " "	" "					
Steuben Co. " " "	" "					
Medical Society of Tompkins Co.	U. S. Jones, M. D.	S. J. Parker, M. D.	Aug. 11, 1880	15	2	Monthly.
Ulster Co. Hom. Med. Society.	Levi Shaffer, M. D.	F. W. Ingalls, M. D.	May 10, 1865	4		Annually.
Washington and Warren Counties Hom. Medical Society.	R. A. Linendall, M. D.	C. J. Farley, M. D.	1865	20	3	"
Wayne Co. Hom. Med. Society.	J.C.McPherson, M.D.	W.H. Sweeting, M.D.	Feb. 9, 1864	12	1	Quarterly.
Westchester Co. Hom. Med. Soc'y.	E. C. Howe, M. D.	R. N. Flagg, M. D.	Feb. 1, 1865	25	2	Semi-annually

Medical Society of Northern N. Y.	C. M. Mosher, M. D.	H. L. Waldo, M. D.	October, 1852	80	5	Tri-annually.
Southern Tier Hom. Med. Soc'y.	E. W. Bryan, M. D.	A. P. Hollett, M. D.	Jan. 20, 1874	31	9	Quarterly.
New York Clinical Club.	No one.	A. T. Hills, M. D.	1877	24	2	Semi-annually

TABLE NO. 2.—HOSPITALS, ASYLUMS, AND INSTITUTIONS.

TITLE.	LOCATION.	OPENED.	MEDICAL OFFICERS IN CHARGE.	TREATED SINCE OPENING.	TREATED IN 1883.	DEATH RATE IN 1883.
Albany City Homœopathic Hospital	123 N. Pearl St., Albany.	Dec., 1858	A. J. Bond, M. D.	787	119	5.05 per cent.
Binghamton Asylum for Chronic Insane	Binghamton.	Oct. 21, 1881	T. S. Armstrong, M. D.	560	486	8.20 " "
Brooklyn Maternity.....	46 Concord St., B'klyn.	1870	E. J. Pratt, M. D.	1396 women. 1400 children.	94 women confined, no deaths. 100 children. 11 deaths.	Women none children, 11 per cent.
Hahnemann Hospital.....	4th Av., 67th St., N. Y.	Oct. 31, 1878	J. W. Waldron, M. D..	976	244	4.8 per cent.
Homœopathic Hospital of N. Y. City.....	Ward's Island.	Sept 14, 1875,	T. M. Strong, M. D.	32342	6097	5.19 " "
House of Good Sheperd for Destitute Ch'n	Utica.	1873.	C. C. Chase, M. D.	.....	75 inmates.	7.5 " "
New York Ophthalmic Hospital.....	201 E. 23d St New York.	April, 1852.	Charles Deady, M. D.	80000	10014	.....
State Homœopathic Asylum for Insane..	Middletown, N. Y.	April 20, 1874.	S. H. Talcott, M. D.	1369	410	4.39 per cent.

TABLE NO. 3.—COLLEGES.

Name.	Location.	Dean.	Matriculants of 1883–'4	Number of Alumni.	No. of Prof's & instructors
N. Y. Homœopathic Medical College	23d St. & 3 ave. New York City.	T. F. Allen, M. D.	154	862	28
New York Medical College & Hospital for Women.....	213 W. 54th St., New York City.	Mrs. C. S. Lozier, M. D.	39	182	21
College of the New York Ophthalmic Hospital.....	N. E. cor. 23d St. & 3d ave., N. Y.	Henry C. Houghton, M.D.	9	24	12

TABLE NO. 4.—DISPENSARIES.

NAME.	LOCATION.	OPENED.	EXECUTIVE OFFICER OR SECRETARY.	OUTDOOR PATIENTS.	PRESCRIPTIONS.
Brooklyn, E. D., Hom. Dispensary.....	194 & 196 S. 3d St.	Feb. 5, 1872	Samuel S. Martin.	14,282	12,372
Western Dispensary of New York City...	38th St. & 7th Ave.	May 20, 1868	A. E. Thompson, M. D.	5,239	12,360
The New York Hom. Med. Col. Dispens.	201 E. 23d St.	Dec. 18, 1866	J. W. Dowling, M. D.	670	26,542
Rochester Hom. Free Dispensary.....	121 W. Main St.	Jan. 11, 1883	Geo. Hornance, M. D.	——	550
Albany City Hom. Hospital & Dispensary.	123 N. Pearl St., Albany, N. Y.	Dec. 1868		123	1,402

State Homœopathic Asylum for the Insane, at Middletown, N. Y.

The Chairman of the Committee on Socities and Public Institutions having completed his general report, Dr. Talcott, Superintendent of the asylum at Middletown, was called upon to make a special report concerning that institution.

He stated that the three buildings designed in the original plan had been completed, and that there are, at the present time, accommodations for about four hundred patients. Nearly three hundred are now under treatment in the wards. The results attained are eminently satisfactory, and creditable to the cause of homœopathy.

The doctor presented a table showing the comparative results attained in the old school asylums in contrast with the homœopathic asylum, for the year ending September 30th, 1883. These percentages are derived from figures published in the annual report of the State Board of Charities. The following is a copy of the table:—

	Per cent. of Recoveries	Per cent. of Deaths
State Lunitic Asylum at Utica, Hudson River State Hospital, Buffalo State Asylum.	25.37	6.49
State Homœopathic Asylum for the Insane, at Middletown, N. Y.	40.59	4.39

Having stated the general condition of the institution, and the results attained, Dr. Talcott went on to state the necessities which existed, and urged the society to make a petition to the Legislature asking an appropriation for new day-rooms, for exercise grounds, and for such other purposes as might be deemed wise by the managers.

In conclusion Dr. Talcott stated that since the opening of the asylum at Middletown in 1874, about fifteen hundred patients have been treated in this institution. Of the whole number discharged over 45 per cent. have been fully restored to health. During the past five years the average death-rate has been but about 4½ per cent.

Strict homœopathic medication is applied in the treatment of each individual case. This has been the invariable rule of the asylum authorities. In addition to medication, the general measures for the restoration of patients are kindness, rest, abundant diet, fresh air, and, after the work of recuperation is sufficiently progressed, exercise, amusement, and occupation are afforded, under careful medical direction.

Dr. F. Park Lewis: I would ask if the relative proportion of chronic cases at Middletown is the same as in Buffalo and other institutions?

Dr. S. H. Talcott: They are exactly the same. We receive them under the same terms and from the same classes. There is one point of disadvantage to our asylum, and that is the fact that we receive inmates on the application of friends after they had been somewhere else. We took 47 out of 170 who had been insane from two to three years; seven of these cases were in bad condition.

Dr. F. Park Lewis: At Buffalo the relation is somewhat changed; patients, who they consider chronic soon after two years, are assigned to the County Poor House, and in this way less chronic cases are in the Buffalo Asylum.

Dr. S. H. Talcott: That plan is simply in accordance with the law and applies to all the institutions. If we have a patient for two years and he becomes incurable, he is returned to the place whence he came. That is the plan of relieving our asylum from chronic insane.

On motion the report was received and adopted.

Dr. J. J. Mitchell: It appears to me that an institution that cures 15 per cent. more than others of a different character or different management should be encouraged, and after having listened to the report of the delegate from the State Homœopathic Asylum for the Insane, I offer the following resolution:—

Resolved, That we endorse the State Homœopathic Asylum for the Insane, at Middletown, and cordially commend its work for the past year.

Resolved, That we respectfully petition the Legislature to grant to the asylum appropriations for "day rooms," exercise grounds and such other purposes as the Board of Trustees may deem wise and necessary.

The resolutions were unanimously adopted.

Report of the Committee on Legislation.

The Chairman, Dr. Talcott, stated to the society that several bills, regulating the admission of candidates to medical practice in this State, had been presented to the Legislature. The general tenor of these bills is to provide for the final examination of students by a State Board of Examiners; this State Board to be under the direction of the Regents of the State University.

Dr. Talcott: The objection to all bills thus far presented is, we believed, a subtile tendency to discriminate unfairly, both in the composition of the Board of Examiners and in the examination of students, against the best interests of the homœopathic profession of this State. To insure full justice to our cause, and to all its adherents, the Committee on Legislation respectfully present for the consideration of the society, the following petition:—

To the Legislature of the State of New York:—

We, the members of the Homœopathic Medical Society of the State of New York, represent that.

WHEREAS, Medical bills for the purpose of regulating medical practice in this State, have been introduced before your honorable body, the tenor of such bills being the withdrawing of examining power from the legally chartered colleges in the State, and the vesting of such power in a Board of Examiners appointed to act under the direction of the Regents of the State University, and

WHEREAS, These bills will tend to affect equally the interests of all those systems of medicine now recognized by law, therefore,

Resolved, That, as a society, we favor the appointment of a Board of Examiners, providing that each system of medicine now recognized by

law, shall have equal representation in said board. The colleges represent the congress, and the Board of Examiners, the medical senate of the State: therefore this board should be composed of an equal number of members from each system of practice, viz.: three from the allopathic, three from the homœopathic, and three from the eclectic schools of medicine.

Resolved, That each candidate for a medical degree from the State University shall be required to pass an examination in materia medica and therapeutics according to each of the theories of practice now recognized by law.

Resolved, That, without these catholic and cosmopolitan provisions, we are opposed to all the bills regulating medical practice now before the Legislature, on the ground that they are imperfect, one-sided, and tending to injustice; and that nothing short of the broad and equitable provisions we have enumerated will satisfy the demands of those who seek the interests of a higher medical education, and the general welfare of the people of the State.

Dr. H. M. Paine: When I signed that report I did so under protest. There are certain points in it which seem to me objectionable. One with reference to the education of students in the different systems. One of the resolutions requires that all students shall be educated in the three different systems recognized by law. It seem to me this is going a great deal further than is expedient. It may be proper, there is no doubt that a medical man ought to be thoroughly educated in all systems, but we can't compel him to be. It isn't best for us to introduce what we are entirely unable to carry out. We may require those of our own schools to be educated in all three systems, but we had better not undertake to regulate the old school, and require their students to pass an examination in homœopathy. What is the use of trying to move a house when we can't move it? What is the use of trying to accomplish an impossible thing like that? There is no earthly use of it. It seems to me I wouldn't undertake to meddle with the old school. If they are determined to have a Central Board, we should demand an equal place in that Board. If they undertake to shut us off with two men, and succeed, they will have the advantage. They can run through as many students as they chose, but if we want a homœopathic student to go through, we must get three of their school to vote with us. Give us three members of the Board and the eclectics three. But we mustn't undertake to require that their students be instructed in homœopathy. I like the other part. The fact is that we never can have a board with three homœopaths and three eclectics, and the reason is that supposing the three homœopaths and the three eclectics unite the allopaths would be in the minority. Do you suppose the old school will allow themselves to be put in the minority? We must have an outside authority to control this board, and that the Board of Regents will do. That is the only possible plan that can be carried out. This plan is simply a modification of the Canada plan, and only four or five homœopathic physicians have passed that board—the reason is that the students pass as old school physicians. They don't care to go through as homœopathic students. That would be the effect of this law. Of all these

students, nine out of ten would be from old school colleges, and the homœopathic colleges will be obliged to appoint professors in allopathic therapeutics and materia medica; that would be the result or else both our colleges would cease to exist. That part of the resolution is a very bad one and I hope that the resolutions will be adopted without that one.

Dr. S. H. Talcott: We might as well take the advanced ground at the outset. We may not be able to put this bill through this year, but we place ourselves on a good footing with the thinking people of the State of New York, if we adopt it.

Dr. F. Park Lewis: It seems to me, Mr. President, that the claims made by this committee for equal representation, considering the fact that the homœopathic profession is such a small proportion of the entire medical profession, is unreasonable and unjust. It seems to me unwise and unjust to exact from allopathic students a homœopathic knowledge of therapeutics and materia medica. There is no college to-day that will teach its students these three, and it puts us in an unfavorable and improper position to assume it. Occupying the position which we do, it seems to me right, that we should have such a representative proportion as the number of our school. It seems to me that we in a short meeting cannot discuss the several amendments and the position which we ought to occupy on the question, "shall the licensing and teaching bureaux be seperate or shall they be united"? It seems to me that we are not ready urge any law for its passage.

Dr. S. H. Talcott: I think the plan of representation is in accordance with the plan adopted in our United States Government of having a Senate composed of two from each state. New York State with five million inhabitants has no larger representation in the Hall of the United States Senate, than the little State of Rhode Island or Florida. With regard to the medical education in the three branches it only provides that the student understands the theories upon which the three systems of practice are based, and I don't believe a homœopath should go out in the world and know nothing of the old school or eclectic school. I don't see how he can practice according to the law of similia without coming back to the old school and eclectic school, and I don't think we ask too much if we ask the passage of such a bill.

Dr. H. C. Houghton: It seems to me that there is a difference of opinion in regard to the acceptance of this report, and I move that it be referred back to the committee and be submitted to us as a divided report. Before making that motion I want to say why I do this. I believe in the principle which the chairman has put before us of broad education. It was my fortune or misfortune to be educated in an old school institution, deriving my knowledge of homœopathy later. I believe I would uphold that practice with every student I have. Where it would be a great while for the old school or eclectic school to educate themselves in homœopathy, it would not take a homœopath a great while to educate himself in the old school and the eclectic school. I ask that this report be divided and we deal with one subject and then with the other. We must have equal representation on this board which is bound to supplement the action of colleges, otherwise our status would be sacrificed.

Therefore, I move that the report be referred back to the committee and be submitted as a divided report.

Dr. S. H. Talcott: I don't see any use of that for the report is signed by the whole committee.

Dr. Geo. M. Dillow: It seems to me that if the report be referred to the committee it would facilitate matters very much what part of the report to adopt—that the committee present a minority and majority report.

Dr. N. Osborne: The chairman of this committee states that the signatures of all the committee were attached—it appears now that one of the committee protests against the report. I merely ask whether he signed this report voluntarily, or by compulsion.

Dr. W. W. French: I want to amend the amendment of Dr. H. C. Houghton, to take the report up by sections.

Dr. J. J. Mitchell: The report consists of two resolutions; the first, I think, we can pass without much trouble. It appears to me that the only safety, if a bill of this kind is to be presented, by which all students of medicine are to have an examination, is that we should have an equal representation with any other school of medicine. The other resolution is a matter of opinion. There may be differences of opinion. As far as I am individually concerned I stand upon the broad terms the chairman has taken. Bigotry is the child of ignorance, and we as homœopaths have felt all these years, that those who are contending with us did not know our system of medicine. I move, then, that the report be divided, and ask the adoption of the first resolution.

Dr. Geo. M. Dillow: I would like to know what motion is before the society.

Dr. J. J. Mitchell: I withdraw my motion.

Dr. W. W. French: Then there is no motion to adopt the report of the committee. My motion is to adopt the report of the committee by sections.

Dr. H. C. Houghton: It seems to me the question is on the amendment to the amendment to accept.

Dr. Geo. M. Dillow: In seconding that motion I didn't consider that the question of adoption was before the society. My view is that the society can do one of two things, either accept the report as it has been presented, or refer it back to the committee.

Dr. W. H. Barnes: In accepting the report it is equivalent to an adoption.

The President: When the society accepts a report it becomes the property of the society, and it can deal with it as it pleases.

Dr. N. Osborne: I would move that the report be accepted and laid upon the table.

The President: That is not in order.

Dr. W. W. French: It seems to me that when we receive the report of the committee it becomes part of our proceedings, but if we receive it by sections, then we can adopt each section separately.

The President: I will rule that as the report is not presented in sections, we have no right to receive it in sections.

Dr. H. L. Waldo: It seems to me that this whole discussion is merely on the meaning of words. The committee has presented a report, and if we accept this report we don't adopt it. If we receive it we can do as we might wish with it.

President: The chair rules that all this discussion is out of order, and that there is but one question before the house, and that is on the acceptance of the report.

The original motion to accept was carried.

Dr. A. P. Hollett: I move that the report be laid on the table until such time as the society calls for it.

Dr. Geo. M. Dillow: I move to amend that the society take it up immediately upon assembling in the afternoon.

Dr. A. P. Hollett: I accept the amendment.

The motion was carried.

The President: I wish to say that there has been present, and is at this time, Dr. E. L. Wyman, delegate from the Vermont Homœopathic State Society, and there may be other physicians present, and a motion would be proper to cordially invite them to take part in the discussions of our sessions.

Dr. E. S. Coburn: I move that Dr. Wyman be cordially received and invited to take part in the discussions of the session.

The motion was carried.

The President: I will appoint as the committee to nominate a Board of Censors, Drs. Geo. M. Dillow, W. H. Barnes, and N. Osborne.

On motion the society adjourned until two P. M.

AFTERNOON SESSION.

The society re-assembled at two P.M. with the President in the chair.

The President: The report of the Committee on Legislation having been accepted, it now remains for the society to say what it wishes to do with it.

Dr. W. W. French: I move to take the report from the table and pass upon it by sections.

Dr. S. H. Talcott: I second the motion.

The motion was carried.

Dr. S. H. Talcott reads the first resolution.

Dr. W. H. Barnes moves and Dr. S. P. Burdick seconds the adoption of that resolution.

Dr. F. Park Lewis: I hope that section will not be adopted as read. The committee in presenting this report seemed to have ignored the fact that the bill on which they have reported is but one of the several bills presented to the Legislature for their consideration at this session. This bill which has been read, has been at the present time amended, so that the report given of it is not a fair representation of the standing which it now has in the Legislature. I hope that the fairer and more just distribution of the members of this Board of Examiners, of one, three, and six, will be adopted. In case we adopt this report, I should prefer that this amendment should be accepted, in place of equal representation which is not feasible, and which cannot pass the Legislature.

Dr. S. P. Burdick: In relation to the passage of this resolution I am satisfied of one thing, and that is the *animus* of the bill that is before the Legislature. It is to crush out homœopathy; that is the design of it without a question. From the beginning to the present time they have utterly ignored us in the matter, and in ignoring us they have framed the bill in such a way as to utterly deprive us of any power of action without them. If we are to deal with the matter, this striking at the vital principle of our institutions, of our belief, I think it is our duty, very plainly and forcibly, to take the bull by the horns. One of two things, let us petition the Legislature to defer all action until we can represent ourselves, or place us where we can have equal representation, that they give us equal represention, so that the balance of power is not entirely in their hands; but if we are to be placed at the mercy of a class of men who from our earliest existence up to the present moment, have sought our destruction, have sought legislation after legislation that looked in that direction, and now to deal mildly with them simply because they are bringing to bear their strongest gun on us. I hope the resolution will be strong and pointed.

Dr. W. H. Barnes: It seems to me that the gentleman who has just taken his seat, has a correct idea of the matter. I don't believe it is their earnest desire to elevate the study of medicine, if it is so desired, we meet them half way, we are willing that every man who attempts to prescribe for the sick shall be qualified. The mere fact that there may be more of the allopathic school than of the homœopathic school amounts to nothing. We might as well say to the State of Delaware that she should not have equal voice with the State of New York in the United States Senate, as for them to say we should not be equally represented in this matter. If there are five to three, how many young men do you suppose that pass our medical college in New York, would ever pass that board. I don't care how high their qualifications may be if they graduated, from a hoœopathic medical college, they could not pass this board. This is judging it just as I believe, and if such should be the fact, and we sit by here and consenting that they should have five to three, is granting more than justice requires.

Dr. Geo. M. Dillow: I would move as an amendment to the resolution as read by the Chairman of the Committee on Legislation, that it be stricken out and that the following be substituted in its place: —

WHEREAS, In the framing of the several bills now before the Legislature, regulating the practice of medicine in this State, the legal homœopathic organizations of the state have not been consulted but have been ignored, and,

WHEREAS, No such bills should be passed without full consideration of the medical profession as a whole, be it

Resolved, That the State Homœopathic Medical Society, while endorsing the general principle of a State Board of Examiners, respectfully petitions the legislature to postpone action upon all bills affecting the practice of medicine in this State, until sufficient time has been given for the consideration and maturing of a bill which will represent the opinion of the profession as embodied in all schools of medicine.

Dr. F. Park Lewis: I second that motion.

Dr. S. H. Talcott: The proposition of Dr. Dillow seems to be about the same as that which passed in the old school medical society. They desire to have action postponed to another session. I knew of their move in that line and I thought it would be proper to take a little higher ground than that—to state what we want and then work for it—the passage of such a bill, as may be proposed, and I thought it would place the State Society on good footing before the people, and therefore I offered this resolution as embodying that which seems to be the highest aim of the best medical men of both schools.

Dr Geo. M. Dillow: In opposing the resolution I oppose it merely from the fact that this society has not sufficiently made up its mind what it is willing to adopt or what it is not. As I look about upon the representation we have here, I see we have but a limited representation. I therefore offer the resolution to postpone the presentation of a specific bill until we have made up our mind as to what was wanted.

The President: I would suggest that the discussion be indefinitely postponed.

Dr. F. Park Lewis: May I ask in the first place if we are discussing the first section? I shall like to say, before coming to the meeting, I had doubted whether many of the members of the society were at all familiar with the facts of the bills presented to the Legislature. The matters involved are of such moment, radically changing the methods adopted by the colleges and supplanting it by a State Medical Board, that we ought to proceed with the greatest deliberation, and I insist upon it that we are not sufficiently determined upon any subject to urge the endorsement of any bill, and for us, a handfull of physicians, to insist upon the great mass of physicians to familiarize themselves with our therapeutics is an impertinence.

Dr. S. H. Talcott: This simply provides for equal representation; it is nothing else and nothing less than a human rising; it is nothing more than has been asked since the Puritans landed.

Dr. F. Park Lewis: The amendment which has been spoken of completely answers the argument which is adopted, that a unanimous vote should be required for the licensing of any gentleman coming before this board for permission to practice. That gives to the homœopaths and eclectics the power equal to any number of this board. If there be but one homœopath which objects to the licensing of any candidate, his negative would be as sure a bar to the admission of that man as would be the voice of any number of this board, and as we are not prepared to-day to discuss the matter of this bill, I therefore oppose it.

Dr. S. P. Burdick: The matter of unanimous vote on the part of the board that is to sit upon the candidates—if you please, for the practice of medicine, makes it one of the most arbitrary one-man power institution that can possibly exist. It is my good fortune to be a member of an association in which one black ball is sufficient to reject any applicant, and it is next to an impossibility to elect a member to that association. If any one member of the allopathic physicians of this board saw fit to reject a homœopathic student it wouldn't make any diffierence who he

was, that one vote is all that is needed. Then say the homœopath has the same right as the others. To be sure he has. But I hope that no true homœopath would reject a man out of spite. We don't wish to be placed in that position. We want a fair and liberal representation. Place us where we have a chance of our liberty. We don't wish to trample others, nor do we wish to be trampled, and I hope so long as we exist as a profession, as an institution, that we will stand man to man for this principle of right.

The question being called for, the substitute was rejected and the resolution was adopted.

Dr. S. H. Talcott reads the second resolution.

Dr. W. W. French: I move the adoption of the second resolution, seconded by Dr. S. P. Burdick.

Dr. Geo. M. Dillow: I would like to have the resolution explained. What are the principles and the practice of the old school? In the second place I oppose it because it makes it too apparent that this society is opposing, practically, the appointment of any Board of Examiners at all, by making the provisions of such a board so stringent. It seems to me absurd for us, one-third, to say to the other two-thirds, you can't graduate any student unless he passes in homœopathic materia medica. If the old school should pass a resolution that no student should pass unless he had passed them in the old school of practice, it seem to me that it would make it practicably impossible to have any Board of Medical Examiners, and for that reason I oppose the resolution.

Dr. H. L. Waldo: It seems to me these arguments are not very sound. It is our duty to require those that come into the profession to be educated. We don't claim that the law of "Similia" constitutes the only theory of medicine. They have a great many facts which are very important for a homœopath to understand, their doses, and drugs, and manner of using them. Every young man that practices medicine ought to understand these things. There is no danger of losing our students by their going over to the old school. We don't propose to compel them to practice except in accordance with the dictates of their conscience.

Dr. S. P. Burdick: I wish every homœopathic college in the world would be compelled to have a chair of allopathic materia medica. I have the honor of holding a chair in the New York Homœopathic Medical College. I am reputed to be a high-dilutionist, but I hold up both hands to put an allopathic teacher in that college; not only that, I wish that the constitution of our college would compel the teaching of all systems, then if we have the knowledge, we are capable of judging. It is my fortune, or ill fortune, to have graduated from an allopathic college. I wish I only knew more of their system of practice, not for fear of any need that I would have to use it; my knowledge of homœopathy is such that I consider it vastly superior, but I am compelled every little while to take up a patient who has been under allopathic treatment. If I knew what they were doing I should be better prepared to treat my patients, and I wish that every student that graduates from a homœopathic college should pass a rigid examination in allopathic materia medica. It is not the privilege of two-thirds to trammel on the one-third. The right of the

one-third is just as pure and obligatory in justice as of the two-thirds. I certainly hope that this resolution will be adopted.

Dr. Geo. M. Dillow: The question we are discussing is not the advisability of our being acquainted with all the schools of medicine, but the way the thing is now, that there are two-thirds of the profession who don't believe in homœopathy, and we say to them that unless you do study homœopathic materia medica you cannot become practitioners of medicine. While I believe the right of one third is as strong as the right of two thirds, I don't believe that one-third have any right to impose upon the other two-thirds, and for that reason the bill would practically prevent the adoption of any board of examiners. I oppose the resolution on the ground that it is not the question whether it is advisable or not advisable for physicians to know all schools of medicine, but it is the question whether it is the right of one school to impose upon the other.

Dr. S. P. Burdick: The resolution does not provide for any such imposition. If a student comes from a homœopathic college with the understanding that he is a homœopath, and passes a creditable examination in homœopathic materia medica and therapeutics, and shows to the board that he has a reasonable knowledge of the action of allopathic drugs and their prescriptions, without his being thoroughly skilled in them, is all that is required; and a student coming from an allopathic college, if he showed that he was thoroughly competent in that line and had a reasonable knowledge of the systems of the homœopathic and eclectic schools, it would be all that would be required. We don't expect nor ask for a board that would make a man know everything. That would be impossible from any student, but let him be proficient in the school in which he choses to practice, and let him know enough of the other schools to know what the medical profession is doing.

Dr. H. C. Houghton: I ask for the reading of the resolution.

Dr. T. D. Spencer: I am very much afraid that the remarks which I am going to make are not to the point, but if you will excuse me, it has been my misfortune to be something of a politician. I have been city physician in Rochester for four years. One thought struck me. It would be delightful to have our school and the eclectic school represented just as the old school, but you gentlemen don't seem to consider that this is not in the hall of the legislature. There is no legislature that would pass it. Wouldn't it be better to have a bill for which there is a reasonable possibility of passing.

Dr. Geo. M. Dillow: That is just the ground I take. If we endorse a resolution of that kind it would make it apparent to the people of the State that we don't want any board.

Dr. S. H. Talcott: This resolution embodies a portion of the law already passed in 1872, that a student should pass an examination in all schools of materia medica and therapeutics.

Dr. F. Park Lewis: It seems to me with Dr. Dillow that for a small sectional following and belief, no matter how firmely grounded, to insist that the larger portion shall have their students examined in the system in which they have no faith, is unjust and unwise, and I earnestly trust that this resolution will not be adopted.

Dr. J. N. Tilden: I can see nothing in this resolution which is inconsistent or impossible, to say that the small minority shall ask the majority to study materia medica in parts with which they are not familiar. I can see no injustice in that.

Dr. H. C. Houghton: It seems to me that we are wasting time. I am in favor of this resolution and I believe it will pass. I see no reason why these gentlemen put in these objections. If they have anything better to offer which will cover the ground, let them combine their wisdom. I hope that this resolution will pass without opposition.

The resolution was adopted.

Dr. S. H. Talcott reads third resolution.

Dr. N. Osborne: I hope that this part of the resolution will not pass, simply because this committee has reported on one bill; there are three bills before the Legislature, and it seems to me this committee has been negligent in not presenting these bills. I believe that this committee should have presented the three bills and every member should have known the contents of these bills before coming here and voting. It seems to me that this is a sort of a snap game, asking us to vote without knowing anything about it. I am opposed to the whole thing.

Dr. T. D. Spencer: This bill seems to pass very nicely here, but no legislature will pass it.

Dr. S. P. Burdick: Our brethern of the dominant school have been trying for the past fifteen years to cripple us—they haven't succeeded yet.

Dr. S. H. Talcott: I would like to state for the information of Dr. Osborne that we have carefully considered the bills presented this year, and the provisions of these resolutions cover all the bills that have been introduced.

Dr. Geo. M. Dillow: I haven't any objection to the last resolution but I have an objection to something that is not in the resolution, what I wish to say is that I would like to have this society let the Legislature know that the old school is constantly attempting to pass bills affecting the whole profession, without consulting and entirely ignoring homœopaths. We wish to teach the allopathic school that they can't pass a bill without consulting the homœopaths. [Applause.]

The question being called for the resolution was unanimously adopted.

Dr. Geo. M. Dillow: I would like to offer a resolution that a committee of this society be appointed, which shall be ready and willing to confer with any similar committee from the State Medical Society of the old school upon any matter affecting medical legislation.

Dr. J. J. Mitchell: I suggest that we have the committee on medical legislation.

Dr. S. H. Talcott: I have been in consultation with three of the leading members of the old school in the City of New York, and I have made up my mind that the only thing to do, was for this society to claim equal rights and a broad liberal education. Nothing less than that will ever satisfy the people of the State of New York.

Dr. Geo. M. Dillow: I ask whether Dr. Talcott consulted with the offices of the State Medical Society.

Dr. S. H. Talcott: They were not representatives of any society but merely individuals. They were among the most liberal men of the old school.

Dr. H. M. Paine: Dr. Talcott is in error when he states that they didn't represent any society. I was present and I understood that Dr. Sturges and Dr. Roosa were both authorized by the State Society. The question was asked these gentlemen whether or not they had authority to change the ratio of representation in their bill, they said that their State Society gave them full power to make any change they considered feasible and best, and I think the old school physicans present understood it in that light. They have represented to me since that that change would be made, and that understanding was so clearly shown that Dr. Piffard said that he understood that such an arragement had been made, and he asked whether such arrangements had been made, and he made the remark, "I presume it must be so as no one has replied" It seems to me the wisest course for us, that if we are to appoint a committee this afternoon, to instruct that committee to frame an amendment to the present law requiring this board to license physicians, and to deprive colleges of the right to do so. That seems to me to be the only possible plan of action that can be adopted, and the only one that would promote the best interest of the State.

Dr. Geo. M. Dillow: I move that this committee consist of the Committee on Legislation and Medical Education as a special committee which should confer with the State Medical Society, so called, upon any matters appertaining to medical legislation.

This was seconded by Dr. H. C. Houghton.

Upon the call for question it was carried unanimously.

The President: I wish to announce that Dr. Thomas H. Mann, a delegate from the Rhode Island State Homœopathic Medical Society is here and that on behalf of this society I welcome him and invite him to a seat among us.

The reports of Committees on Medical Ethics and Medical Education were not presented.

Dr. W. Y. Cowl: If there is nothing before the society, I would like to say that when the Bureau of Histology reports, I have a short paper to read as to the "invisible blood corpuscle" as discovered by Dr. Norris of England. I have prepared it under the microscope so that any gentleman can see it at the rear end of the room.

Dr. H. C. Houghton, from the committee on the President's Opening Address made the following report:—

Report of the Committee on President's Opening Address.

Page 6—That the Executive Committee be composed of the officers of the society, and that they be also the committee of publication. We commend the adoption of this suggestion.

Page 7—That the by-laws be amended so as to require the county society to pay the dues of their delegates. The committee do not feel at liberty to urge any action that should seem intrusive on the provinces of

the county societies, but to urge the officers of the local societies to coöperate with the central body.

That all fees from county societies and permanent members be declared due within thirty days. We commend this action.

Page 8—That the transactions be furnished free to permanent members and delegates whose dues are paid. We commend this action.

Page 8—That these members, either permanent or delegates, whose fees are not paid, shall be debarred their privilages till such payment shall have been made. We commend this suggestion.

Page 9—That the transactions be issued within three months after the annual meeting. We commend this suggestion.

Page 10—That the by-laws be altered so that the initiation fee be five dollars, and after the first year the annual fee be three dollars, also that the certificate of membership be issued free. We commend the suggestion.

Page 12—That the President's address be made at the semi-annual meeting instead of the annual meeting as previously done. We recommend the change. Respectfully submitted,

HENRY C. HOUGHTON.
F. PARK LEWIS.
EDWARD S. COBURN.

Albany, N. Y., Feb. 12th, 1884.

Dr. W. W. French: I move that it be received and adopted as a whole.

Dr. A. P. Hollett: The adoption of these suggestions will change the by-laws and this will require a two-thirds vote.

Dr. W. W. French: Then I move to test it now.

The President: Then I hold that it requires a two thirds vote.

The report of the committee was received and adopted.

Dr. J. L. Moffat: Last year the society passed a resolution endorsing the action of the American Institute of Homœopathy in its efforts to secure equal rights to the members of our school in the Army and Navy of the United States. The bill which was presented to Congress, died in the committee, and the committee of the American Institute of Homœopathy relaxed its efforts. Senator Hale has represented the bill, the first part of which was presented by Gen. Garfield in 1870–1. The bill has been referred to the Civil Service Committee of the Senate, consisting of Senator Hawley, of Connecticut, Chairman, and Senators Dawes, of Massachusetts; Mitchell, of Pennsylvania; Miller, of California; Pike, of New Hampshire; Walker, of Arkansas; Lamar of Mississippi; and McPherson, of New Jersey. It is hoped that each member of the profession will bear this matter in mind and will bring to bear all the influence he can, politically as well as personally, upon the representative of his district, and upon Gen. Slocum the representative at large, to advocate some such measure. In the House of Representatives some similar bill may be presented. We have got to keep hammering at this matter if we ever wish to get it through and I move the adoption of the following resolution:—

Resolved, That we, the Homœopathic Medical Society of the State of New York, heartily endorse Senate resolution No.— (present session), lately introduced by the Hon. Eugene Hale, which reads as follows:—

SENATE BILL, No.—

§ 1. That all appointments to medical service in any capacity under the government shall be open equally to all graduates of legally chartered medical institutions of this or any other country, without reference to any preferred theory of treatment.

§ 2. The penalties for violating the above shall be the same as provided in the Civil Service Act.

And we most respectfully urge our representatives in the Senate and House of Representatives to favor and expedite the passage of some measure to this effect.

Dr. Gertrude G. Bishop: At the last meeting of the King's County Society the same resolution was offered, and as a representative of that society I urge the State Society to take this action:—

Extract from the minutes of the 190*th monthly meeting of the Homœopathic Medical Society of the County of Kings, State of New York, held at* 44 *Court Street, Brooklyn, February* 5*th*, 1884, *President Bonnell in the chair:*—

Dr. J. L. Moffat stated to the society that the American Institute of Homœopathy was still prosecuting the matter of admitting homœopaths to all examinations for appointment to the Governmental Medical Service, and that the joint resolution to that effect of the XLVII Congress having died in committee, the Hon. Senator Eugene Hale has offered the following, of which section one was presented by Gen. Garfield in 1870–71:—

SENATE BILL, No.—

§ 1. That all appointments to medical service in any capacity under the government shall be open equally to all graduates of legally chartered medical institutions of this or any other country, without reference to any preferred theory of treatment.

§ 2. The penalties for violating the above shall be as provided in the Civil Service Act.

This has been referred to the Civil Service Committee, of which Senator Hawley (hostile) is chairman.

The secretary urged each member of the society to bring to bear all possible influence, upon whatever senators and representatives he or she can reach, in favor of such legislation, and offered the following resolutions:—

Resolved, By the Homœopathic Medical Society of the County of Kings, State of New York, that we respectfully urge our representatives in the United States Senate, to do all in their power to favor and expediate the passage of Senate Bill No.—, offered by the Hon. Eugene Hale, and now in the hands of the Civil Service Committee, which provides

§ 1. That all appointments to medical service in any capacity under the Government shall be open equally to all graduates of legally chartered medical institutions of this or any other country, without reference to any preferred theory of treatment.

§ 2. The penalties for violating the above shall be as provided in the Civil Service Act.

On motion, adopted. And

Resolved, That we, the Homœopathic Medical Society of the County of Kings, State of New York, respectfully urge our representatives in Congress to exert all their influence in favor of the introduction and passage of a bill similar to Senate Bill No.—, introduced by the Hon. Eugene Hale, and now in the hands of the Senate Civil Service Committee, which provides

§ 1. That all appointments to medical service in any capacity under the Government shall be open equally to all graduates of legally chartered medical institutions of this or any other country, without reference to any preferred theory of treatment.

§ 2. The penalties for violating the above shall be as provided in the Civil Service Act.

Upon motion adopted.

Dr. H. M. Lewis moved that our delegates be instructed to present this matter to the State Society at its coming annual meeting. [Carried]. JOHN L. MOFFAT, Recording Secretary.

The resolution was unanimously adopted.

Dr. J. L. Moffat: My attention was called recently to the fact that there is a bill before the Assembly in regard to the sale of cigars and cigarettes to children. All those living in the city have noticed the vice of little boys smoking cigarettes, and while there is a great deal of difference in tobacco, it would seem to me that to boys from six to sixteen, the constant smoking of tobacco is detrimental. While I don't go to the extreme as many who are opposed to smoking, I believe that the permanent inhalation of tobacco is injurious to the system. The question is of importance to the future of our race, and I move the adoption of the following:—

WHEREAS, The habit of cigarette smoking by boys is alarmingly on the increase, and

WHEREAS, The body during the period of growth and rapid tissue change is particularly susceptible to the permanent effects of tobacco,

Resolved, That we, the Homœopathic Medical Society of the State of New York, are of the opinion that the use of tobacco by minors should be restricted by law, and do respectfully urge our representatives in Albany to enact some law prohibiting the sale of tobacco to children under the age of eighteen years.

Dr. G. H. Billings: I would like to include the word "girls."

Dr. J. L. Moffat: I think the word "children" applies to both sexes.

The preamble and resolution were adopted.

Report of the Bureau of Materia Medica.

The Secretary read the following letter from Dr. F. F. Laird, the chairman:—

UTICA, N. Y., FEBRUARY 11TH, 1884.

My Dear Doctor: I am very sorry to say that business engagements compel my absence from the annual meeting. I therefore send you my

materia medica papers with the request that you take charge of my bureau. Dr. Winterburn has two papers to present. Please tell him that his letter asking for an abstract came after the package was mailed, and consequently I could not accommodate him. My "document" is so long that you had better refer it for publication without attempting to read it.

I also enclose a letter and circular from Dr. Camp, Chairman of the Minnesota Bureau of Materia Medica. Please read circular before the society and have them take action upon it.

Wishing you a most prosperous meeting and with kindest regards to yourself, I am, Yours fraternally, F. F. LAIRD.

Dr. Geo. W. Winterburn, in the absence of the chairman, makes the report.

I have just received the report and have not had time to read over the papers. I have here a printed circular letter from Dr. Arthur A. Camp, Chairman of the Bureau of Materia Medica of the Minnesota State Homœopathic Medical Institute, which I will read.

MINNEAPOLIS, MINN., DEC. 20th, 1883.

To F. F. Laird, M. D., Utica, N. Y.:—

MY DEAR DOCTOR:—As Chairman of the Bureau of Materia Medica for our State Institute, I have been exceedingly troubled to assign work to my associates; and in corresponding with the chairmen of the same section of other States to see by what rule they were guided, I found that my troubles were their troubles also.

In our own State, and in many others, it has been the custom to select some drug for proving, thereby somewhat enriching our materia medica. But really, what does it amount to?

Most of us chairmen of this, the most important bureau which our State organizations possess, have been raised to the position of chairman or director of the section, from the rank and file of the profession by the appointment of our local President, not because of our knowledge of materia medica, but (perhaps) for the reason that our bureau had not made a satisfactory report in previous years, and they thought it had come our turn to assume its command this year, and see what we could make of it.

Now, supposing this to be the case, I would respectfully ask: How fit are we to assume the local directorship of this bureau? How do *we know* what drug to have our local bureau prove? And suppose we do prove a drug, what does it amount to?

In many cases our bureaux do not contain more than four to six observers; and in the matter of drug proving, what does their *dictum* prove?

If their labors are recorded in the transactions of their respective States—which they undoubtedly will be—there must be many individual symptoms finding their way into the "proving" which have occurred to but *one* of the observers, *not to the whole body of provers*, and hence may be unreliable as guides to cure sick people, being of value only as individual curiosities; whose place belongs in an Encyclopædia, but not in the winnowed and sifted materia medica, the hand-book of the every day practitioner.

Now, if you agree with me so far, you will probably ask, what are we going to do about it? And in answer I propose the following plan for your careful consideration:—

In the first place, our State bureaux of materia medica are altogether too small to have much authority regarding a proving which is to be incorporated into our materia medicas as established facts, and to be taken from thence as remedies for the cure of the sick. We need *more* workers in this department of our art; and not only more workers, but *co-operation in their work.*

We have twenty-six homœopathic State societies, besides the American Institute, Western Academy, American Pædological Society, and the American Ophth. and Otol. Society, which is certainly material enough for us to be enabled to make harmonious conclusions concerning the value of drugs, if we would only act in unison.

Assuming that each of these societies has a materia medica bureau in its organization of only four members, we would have a total working force of one hundred and twenty, whose *dictum* on any one drug would be of such a character that the profession at large would per force respect, and would command confidence.

Let this force, if you please, be divided into a northern and southern regiment, and prove or re-prove those drugs which are indigenous to their latitudes, or *vice versa*; so shall we be enabled to determine definitely what acclimatization influence, if any, drugs possess over provers who live in localities where the plants grow.

Let this force be under the control of some of the first scholars in materia medica in the country, who will agree upon a plan of action, the new drugs to be proven, or the old ones to be re-proved, who will also constitute the *Board of Materia Medica of the United States*, whose duty it shall be to scrutinize the work done by local or State boards. It seems to me that were such a plan as this pursued, so much *more* good could be accomplished by having the work throughout the whole country systematized, and under the guidance of a Board of Mat. Med. Directors composed of able men, who are wholly competent to direct this work, than is now made possible by the custom at present pursued, of allowing each State to proceed in a go-as-you-please manner; with its local board composed of men who have no special aptitude for this, the most important branch of medicine.

Consider, also, the very great advantage such a system would be to this supervising board. They would be as generals having an army under them. They could formulate their plans with the assurance that their *Captains* (*i. e.* the chairmen of the different State Bureaux of Mat. Med.) *would carry them out;* so that necessarily a much more orderly and systematic method would be the outcome, instead of the disorder which prevails at the present. It seems to me also, that did each State know that it was a part of an integral U. S. Board, they would have much more enthusiasm in their special work than they have to-day; for men like to be governed, if they be but governed well.

Let this supervising board be elected by the physicians at large, or by the members of the American Institute, as you see fit, and let them

not be harrassed by restrictions. Throw upon them the burden of formulating a plan of action—as is thrown upon generals in the army—and we, their captains, the chairmen of the different States, will carry out their orders. Then, and not until then, will our work amount to something.

I beg of you, my dear doctor, to give this plan your earnest consideration, and to let me know of its imperfections, *with suggestion for improvement.* The plan was forced upon me, as I said before, by the difficulties of selecting a subject for my own, local bureau to work at, and I find that my difficulties are not mine alone, but are common to other chairmen. We are ripe for orders from a supervising board, and ready to obey them, and to carry out the plans of those who know, much more than it is possible for individuals to know; receiving from them the answers which perplexes us to find to the questions we must put to ourselves. "Shall our local bureau prove a new drug this year, or reprove an old one? If so, what shall it be?"

Yours sincerely, ARTHUR A. CAMP.

The following papers were read, either in full or by title:—

"Ammonium Muriaticum," by F. F. Laird, M. D., Utica.

"Homœopathy and the Doctrine of Metastasis," by E. A. Farrington, M. D., Philadelphia, Pa.

"Hypericum in Traumatism," by Geo. W. Winterburn, Ph. D., M. D., New York.

"A Proving of Piscidia Erythrina," by Geo. W. Winterburn, Ph. D., M. D., New York.

"Berberis Aquifolium," by Geo. W. Winterburn, Ph. D., M. D., New York.

"Materia Medica—Report of Drug Proving," by H. M. Paine, M. D., Albany.

Dr. H. M. Paine: I am in hopes to be able to obtain provings at the meetings of our Northern New York Medical Society, such as will enable us to carry out a plan in tabulating them, so that these provings shall illustrate some disease that we meet with. Provings ought to show some disease. It is only illustrated by some symptoms in each organ and it is impossible to get a proving so as to make it useful. I hope we can accomplish that.

The report of the bureau was closed and referred to the publishing committee.

Report of the Bureau of Clinical Medicine.

Dr. Geo. E. Gorham, the chairman, stated that he had several papers and the following were read:—

"A History of Twelve Cases, Showing Simulated Diseases in Connection with, and a Means of Relief in Spinal Irritation," by M. O. Terry, M D., Utica.

"Lime Juice and Pepsin, Versus Lime Water in Infantile Indigestion," by John N. Tilden, A. M., M. D., Peekskill-on-Hudson.

"The Differential Diagnosis of Membranous Croup and Diphtheria," by A. Wilson Dods, M. D., Silver Creek.

"Some Observations on Erysipelas and Carbuncle," by Oran W. Smith, M. D., Union Springs.

Dr. H. L. Waldo: I was very much interested in Dr. Tilden's paper with regard to the administration of Pepsin and Acid. A great many times Diarrhœa trouble in infants fed artificially, is due to indigestion. I have often found that one of the best selected remedies is the administration of Pepsin after the administration of food and of acid, relieving the case in a very short time.

The report of the bureau was closed and referred to the publishing committee.

The Bureaux of Pædology and Vital Statistics had no reports to present.

Dr. A. P. Hollett: I have drawn up the following resolution which I would offer and move its adoption :—

Resolved, That we approve of the plan of organization for materia medica development and work as suggested by Dr. Arthur A. Camp, of Minneapolis, Minn., in a circular under date of Dec. 20th, 1883, and read before this society, under the report of the Bureau of Materia Medica, and that the matter be referred to the Bureau of Materia Medica with instruction to take such action on the part of the society as they may think best. [Unanimously adopted.]

Dr. H. M. Paine: I move that a copy of this resolution be sent to Dr. Camp. [Carried.]

On motion the society adjourned until 7.30 P. M.

EVENING SESSION.

The society re-assembled at 7:30 P. M.

Dr. W. M. Decker, of Kingston, read a paper on the "Evolution of True Medicine and the Unity of Medicine."

The President, Everitt Hasbrouck, M. D., of Brooklyn, delivered his annual address entitled, "The Position we Maintain."

Dr. H. C. Houghton: I arise with more than the usual pleasure of extending a vote of thanks to our President for the very able manner in which he has given us "The Postion we Maintain." [Carried unanimously.]

The President: I thank the society for this kind vote.

Dr. S. H. Talcott: In as much as the address of the President is of unusual interest I move that a sufficient number of copies be published so that every one of the members may have one, and I will add that it shall be the duty of the Secretary to have it done immediately.

Dr. H. M. Paine: I would ask that it be by subscription.

The President: I desire to say that I am opposed to the motion on general principles. I don't think it is a good plan to adopt such a motion. I have had printed 150 copies of this address simply for such purposes as I need. They will be distributed to the journals and to the State societies and institutions and a greater part of it will reach the puplic.

Dr. S. P. Burdick: While I feel that it would be a great pleasure to the members of the society to possess a copy of this address, still I feel,

according to the president's explanation, that we are bound in duty to respect his wishes in the matter.

Dr. S. H. Talcott: If it is the wish of the President that copies be not distributed to the members of the society, I withdraw my motion.

The President: I have no objection to the members receiving it, but I object to the society paying for it.

Dr. H. C. Houghton: I move that if there is any material to offer which comes under the order of routine business, that it be offered now. [Carried.]

Report of the Bureau of Otology.

The chairman, Dr. N. B. Covert, of Geneva, presented a paper by Prof. H. C. Houghton, of New York, entitled, "Teeth *versus* Ears," which was read by that gentleman.

Dr. N. B. Covert reads a paper by himself, "A Case of Mastoid Disease."

Dr. Covert also reads an extract from a letter from Dr. Sayer Hasbrouck, of London, in which he says: "You ask concerning the treatment "of chronic purulant catarrh of middle ear. Well, as near as I am able to "learn everyone is hunting for a specific in that line. Some cases do "nicely on Boracic Acid, powder treatment with, of course, thorugh clean-"liness and inflation. Others, especially the worst cases, seem to do very "nicely on powder Iodoform. I have seen the Acetate of Zinc and "Plumbum used, but with the two first I have met with the best results. "Sometimes I have added a drop or so of Carbolic Acid to the Boracic "Acid, and a short time ago I saw proposed that Calendula be added. "This I have never used, but it was well recommended as a rule."

Dr. H. C. Houghton, said that Dr. Sexton had commended the use of Calendula with Boracic Acid, and he had adopted many other remedies introduced by our school, another straw to show the direction of the current. I prefer Plantago to Calendula, having used it for a long time. In reply to the question, how to combine them? To a 50 per cent. solution add tincture of Plantago as in making tincture triturations.

Dr. S. P. Burdick: I have had little or no experience in these troubles that have been mentioned here, but I have been struck very forcibly while the paper was being read and of the applications used. I merely wish to make a suggestion to know if it had been used and simply to call attention of the gentlemen, who are liable to meet with these cases, and that is to the use of Fluoric Acid as a local application in cleansing wounds, as I have used it in effusion and suppuration, and where the bone is diseased I would use about five Min. to a pint of water, sometimes five Min. to a quart, as a local application with the most successful results. I would like to ask if any of the gentlemen have had any experience in their practice with it, and if not, I leave it with them for future consideration.

Dr. H. C. Houghton: Fluoric Acid and Calcerea Fluorica are valuable when the periostum and bone are involved. I should expect good results from the local use of Fluoric Acid.

Dr. H. M. Paine: About the soreness of the mouth occasioned by

the hard rubber plate, I think there is a report of one or two cases reported some fifteen years ago in the transactions of this society.

Dr. S. P. Burdick: I have attended a large number of cases where these hard rubber plates could not be tolerated at all; one of the worst cases I have met with was in my family, the case of my diseased mother. The irritation from the plate was so great that the entire surfaced covered by the plate had become a raw sore, it affected her otherwise so seriously that the plate had to be discontinued and replaced with a gold plate.

On motion the society adjourned until 9.30 A.M.

SECOND DAY.

The society re-assembled again at 9.30 A.M., with the president, Dr. Everitt Hasbrouck, in the chair.

Dr. E. S. Coburn presented the following communication:—

War Department, Surgeon General's Office,
WASHINGTON, D. C., AUGUST 21ST, 1883.

Dr. E. S. Coburn, 91 Fourth St., Troy, New York:—

DEAR SIR:—By direction of the Surgeon-General of the Army, I have the honor to acknowledge the receipt of a copy of "Transactions of the Homœopathic Medical Society of the State of New York, Volume XVIII., No. VIII. N. S. 1883," for the library of this office, and to return thanks for the same.

Very respectfully, your obedient servant,
JOHN S. BILLINGS,
Surgeon U. S. Army and Librarian S. G. O.

The Secretary read the following telegram:—

NEW YORK, FEBRUARY 12TH, 1884.

E. Hasbrouck, M. D., President Homœopathic Medical Society:—

I am detained by a dangerous case of puerperal convulsions and hæmorrhage, and am greatly disappointed. I should like Special Committee continued and will report at next meeting. J. W. DOWLING.

Dr. J. L. Moffat: I ask leave to make an additional report on behalf of the board of Censors, and would report favorably the name of Oran W. Smith, Union Springs, a graduate of the Geneva Medical College, 1866. Recommended by Drs. D. E. Spoor, N. B. Covert, and E. J. Morgan, Jr.

The report was favorably considered and Dr. Oran W. Smith was duly elected a permanent member of the society.

Dr. J. L. Moffat: I understand that there are several who have made application for membership, and as under the rule their applications are laid over one year, I move that the courtesies of the floor be extended to them. [Carried.]

Dr. E. S. Coburn: I have had, during the last year, applications for certificates of membership from old members. I found, in looking over my files, that I have a number of certificates that were signed by former presidents. Among them I find certificates signed by Drs. Wm. Wright, E. D. Jones, John F. Gray, E. A. Munger, Jacobus Beakley, W. H. Watson, H. D. Paine and H. A. Houghton. There are many members

who would like a certificate of membership if they could get it. The Secretary who certified during these times is still alive. If there are any others who wish any certificates of membership from Presidents who are still alive, they can be furnished. I also wish to state that this society has no seal. We have only printed stamps from electrotypes. I move that we procure an embossing seal like the electrotypes used by the society. [Carried.]

Dr. E. S. Coburn: I also move that the by-laws be printed with the volume of Transactions for 1884.

Dr. H. M. Paine: I second the motion.

Dr. J. L. Moffat: I don't see why we should pay for printing for this year. The by-laws can't be changed unless they lie over to the next annual meeting.

The President: Dr. Moffat is wrong. The by-laws were changed yesterday.

Dr. Paine: Does that include the list of honorary and permanent members?

The President: No sir.

The motion was carried.

Report of Bureau of Mental and Nervous Diseases.

Dr. W. M. Butler, of Brooklyn, read a paper on "Masked Epilepsy."

Dr. T. L. Brown, Binghamton, read a paper on "Prevention of Nervous Diseases."

The report of the bureau was closed and referred to the publishing committee.

Report of Bureau of Surgery.

The President: We had a communication yesterday from Dr. H. I. Ostrom, the chairman, in which he said that the matter had been placed in the hands of Dr. W. E. Milbank. I find a letter from Dr. Ostrom to Dr. Milbank and also a paper entitled, "The Essentials of the Treatment of Wounds," by H. I. Ostrom, M. D., of New York.

On motion the paper was read by title and referred to the publishing committee.

Report of Bureau of Ophthalmology.

Dr. J. L. Moffat read a paper by himself entitled, "The Use of Prisms."

Dr. F. Park Lewis: I would like to ask a question. In case of weakening of the recti muscles wouldn't the use of prisms as a gymnastic exercise strengthen the recti muscles.

Dr. J. L. Moffat: That is just what I spoke of, the repeated exercise. I said much benefit will be found by repeated exercise.

Dr. F. Park Lewis: Will not the return to ordinary glasses or the abolition of glasses, cause a return of this condition.

Dr. J. L. Moffat: Prisms are but a mechanical aid to treatment. I also prescribe internal remedies and order lotions of salt water with exercise. I have a case now under treatment where the marginal blepharitis

has been slowly improving under internal remedies and the use of proper glasses; but since I have begun adding prisms as a gymnastic drill, the condition has been still further improved to a marked extent. It will not do to prescribe prisms for permanent ware, as that will but weaken the muscles. In obstinate and chronic cases, like this, careful and systematic drill with prisms will relieve the irritation and aid the effect of the remedy. I would not expect their continued use necessary to prevent the recurrence of the blepharitis.

The following papers were then read:—

"Crescentic Ulcer of the Cornea," by Charles G. Davis, M. D., O. et A. Chir., of New York.

"Report of a Case of Descemetitis," by A. B. Norton, M. D., O. et. A. Chir., of New York.

"Traumatic Strabismus Cured by Fright," by W. C. Latimer, M. D., of Brooklyn.

The report of the bureau was received and referred to the publishing committee.

Report of Committee on Treasurer's Special Report.

Dr. S. P. Burdick: Your committee would report after careful consideration of the Treasurer's Special Report, and make the following suggestions:—

I. All dues against county medical societies be remitted and that in the future no dues be charged to the county societies.

II. All dues charged only to permanent members and delegates; that delegates be required to present their credentials to the secretary and be reported as delegates.

Dr. Coburn: It is a very difficult matter to get delegates to pay their own dues. The rule has been that the majority of delegates that have been elected say, "I have to pay my own expenses and then pay my own dues," Many stay at home on that account. The law has been that the delegates have been responsible for their own dues. Their county societies in some cases assume them, which makes the Treasurer a very great amount of work. In other words the Treasurer has to keep a seperate account with these delegates, and as they are changed from time to time, he don't know where to send a bill until we get to this meeting. Those societies that choose, let them pay their delegates dues.

Dr. J. J. Mitchell: It seems to be a burdensome thing collecting dues of county societies. This committee thought perhaps in the future we could get along without this fund from the counties societies, and thought it would be wise to relieve ourselves of this trouble and change the law in this regard. It appears to me that this matter ought to be stricken out.

Dr. S. P. Burdick: On subsequent consideration of this subject I have arrived at the same conclusion that my friend has arrived at. Our report was made yesterday, but on thinking the matter over, I thought it was an injustice on the same ground as has been explained, that dues are charged to delegates, because these delegates are largely permanent members. I should favor the striking out of that recommend of our

committee. As a majority of the committee I would make a majority report, striking out that clause that relates to dues being charged to delegates.

Dr. E. S. Coburn: I would amend that the arrearages of all societies be remitted, and that the dues of the society remain the same. [Seconded].

Dr. J. L. Moffat: I think it is an unhealthy sign in a society to remit dues. In remitting them we get temporary relief, but are not cured. It seems to me if we make each delegate responsible for his dues I guarantee there wouldn't be a half dozen delegates here, but if we make away with delegates' dues we have no difficulty. The law, as I understand, under which we are constituted, requires that we, as an organization, be made up of delegates. The society now is independent of county societies.

Dr. E. S. Coburn: In conversation with the committee yesterday, I asked them to let this matter of remitting delegates' dues lie over for another year. I have offered a resolution by which the transactions of the society be given to delegates and members. I am satisfied that we cannot do this unless we have some revenue from delegates as delegates. It amounts to $200 that I have received this year from delegates; if these dues are remitted for the coming year, you will be in debt for that amount.

Dr. H. C. Houghton: It seems to me that it is right for the societies to pay the dues of the delegates. In New York and Kings Counties, where the society is large, the delegates' dues are paid by the society. One year our society not only paid the dues of the members, but they paid their travelling expenses to Albany and back, and we had the largest meeting that year, and really the most successful that we have had. That is a question for each society to decide for itself. But we cannot decide it this year and make this experiment. I hope that the amendment will prevail.

The amendment offered by Dr. Coburn was carried, and the report as amended adopted.

ELECTION OF OFFICERS.

The following officers were duly elected:—

President,—Edward S. Coburn, M. D., 91 Fourth St., Troy.

Vice-Presidents,—Henry C. Houghton, M. D., 12 West 39th Street, New York; H. M. Dayfoot, M. D., 21 Sophia Street, Rochester; Arthur P. Hollett, M. D., Havana.

Secretary,—John L. Moffat, M. D., 17 Schermerhorn St., Brooklyn.

Treasurer,—H. L. Waldo, M. D., West Troy.

Report of Committee on Censors.

Dr. Geo. M. Dillow: The committee to nominate censors, reports as follows:—

Northern District,—Drs. A. W. Holden, W. T. Laird, and D. E. Southwick.

Southern District,—Drs. S. P. Burdick, F. E. Doughty, and Henry Minton.

Middle District,—Drs. N. B. Covert, M. O. Terry, and W. E. Milbank.

Western District,—Drs. F. Park Lewis, Asa S. Couch, and T. D. Spencer.

The report of the committee was received, and the candidates duly elected.

Report of Committee on Regents Degree.

Dr. J. J. Mitchell: There is but one name before us, that of Dr. S. P. Burdick, of New York, which we report favorably.

Dr. H. C. Houghton: I would like to place in nomination the name of a gentlemen who is well known, not only in this society, but in our national society. I desire to put in nomination the name of Timothy F. Allen, M. D., of New York City.

The committee united in recommending Dr. T. F. Allen, and the candidates were unanimously elected.

The President: I have here the credentials of Dr. Arthur B. Norton, delegate from the New York Society for Medico-Scientific Investigation.

Dr. H. C. Houghton: This is a society composed of young men in New York City, who are doing a valuable thing in reproving old drugs and proving new ones on a basis which hasn't been done by any systematic effort, that I am aware of, in this country; on lower animals, and by tabulated statements.

Dr. Geo. M. Dillow: I am a member of that society. Perhaps it will be well for the society to know what are the purposes for which that society has been organized. It has been organized for the proving of drugs upon a scientific basis. They make careful examination of the chest, heart, urine, etc. They know exactly the condition by proving before taking the drug. All provers act under the direction of the society. The society is entirely composed of homœopaths, although the membership is not restricted, and in addition to this, one object of this society has been to collect a library, and in that library we have now over 300 volumes. This library is to be a homœopathic library; and I would like to say here, if any member of this society has any volumes in his library that he could spare, we would be glad to receive them.

On motion Dr. A. B. Norton was received as delegate.

Chairmen of Bureaux.

Dr. W. Y. Cowl, from the Committee to Nominate Chairmen of Bureaux reported as follows:—

Materia Medica, F. F. Laird, M. D., Utica; Clinical Medicine, W. M. Decker, M. D., Kingston; Surgery, W. E. Milbank, M. D., Albany; Obstetrics, H. M. Dayfoot, M. D., Rochester; Gynæcology, H. M. Paine, M. D., Albany; Mental and Nervous Diseases, T. S. Armstrong, M. D., Binghamton; Pædology, Catherine E. Goewey, M. D., Albany; Ophthalmology, A. B. Norton, M. D., New York; Otology, H. C. Houghton, M. D., New York; Laryngology, G. M. Dillow, M. D., New York; Histology, John L. Moffat, M. D., Brooklyn; Climatology, O. Groom, M. D., Horseheads; Vital Statistics, J. Savage Delavan, M. D., Albany; and Necrologist, A. W. Holden, M. D., Glens Falls.

Dr. H. C. Houghton: I wish to take an exception to that report, in

regard to my own name. It seems to me it is only proper to put in young men and give them a chance to work. I would nominate Dr. C. F. Sterling, of New York.

Dr. W. Y. Cowl: The committee will accept the selection.

Dr. H. M. Paine expressed a desire to be excused from serving the society in the capacity of Chairman of the Bureau of Gynæcology. He could not conscientiously accept any official position while the society remained indifferent to the presence of an error in theory and practice, greater than any that had ever before been held by medical men of any school or age; an error, the falseness of which was being daily demonstrated by thousands of homœopathists the world over. To allow this false system to go on under the guise of homœopathy, was, in view of the amount and kind of practical knowledge, showing its non-homœopathic origin and status, a procedure which should call forth, in unmeasured terms of disapproval, the condemnation of every one who desires to promote the well-being and future usefulness of this society. Dynamic treatment by high potencies is non-homœopathic; from the homœopathic point of view it is false in theory and practice. Yet, notwithstanding this fact, members are permitted to report cases as homœopathic, which have no known relevancy thereto. This fact, a large portion of the members are as well convinced of as I am, and yet, on grounds of expediency, are unwilling to come out squarely and repudiate the error. No wonder that evidences of discord and discontent are frequently witnessed. No wonder that four of its oldest and ablest representatives have recently resigned from the membership of this society, in order to join the fellowship of the old school. In my opinion this fact is one of the utmost significance. Excuse this occurrence as we may; explain it away, satisfactorily to ourselves if we can, rest assured, the fact still remains plain to unprejudiced observers, that these departures were brought about on account of radical defects in the tenets of our school. These men are not novices in the study and practice of homœopathy. They are among the most scholarly. the most accomplished, and the most honest and successful practitioners in this country. They have gained neither wealth, influence or social standing by going out of our school. They have for many years enjoyed all these advantages. They have left the homœopathic school *because of its defects.* They could not honestly remain. They were forced out by our supineness and indifference. Reflect a moment on the very moderate inducements for thoroughly educated young men to identify themselves with homœopathy and its interests, offered by our school, if its ripest scholars and ablest practitioners, after a trial of twenty-five or thirty years, leave its ranks in disgust. The President in his otherwise able address, spoke of those who many years ago seceded from homœopathy, but he did not dare, or at least deemed it inexpedient, to allude to these recent departures. When criticised by a discerning public, as we surely will be, what reasonable explanation can we offer regarding so remarkable an exodus as this? And what evidence can we furnish of purposes formulated or plans entered upon to, at least measurably, counteract the disintegrating tendencies going on in our school? The murderer is held before the law because he is criminal on one point. It is not necessary

that he should be found guilty of perjury, arson or theft; but, being held for one, he is as clearly amenable to law as if guilty of all. So likewise while this society is not deficient in all points, by ignoring a most essential one, is adjudged grossly recreant to its high trusts, and is so held before the bar of professional and public opinion. For these reasons I cannot consistently endorse the proceedings of this society, by accepting any official position therein. To do so would be equivalent to an indirect indorsement of the weak and timorous policy followed by the society, which, in my opinion, is exceedingly unwise, unjustifiable and prejudicial to the best interests of true homœopathy. It is a policy which amounts to a sacrifice of homœopathic principles on the alter of expediency; a policy which merits and will receive the continued disapproval of the great body of the medical profession. For thirty-three years I have been an active participant in the aims and work of this society; have enjoyed its fellowship. and have been profited by its resources for improvement. But now I find myself surrounded by new and younger men, whose plans and purposes regarding the sphere and influence of homœopathy are very different from those which actuated the pioneers of our system and the founders of this society. While I am not quite ready to sever my connection with the society, as my friends, with whom I have been so intimately and so pleasantly associated for many years, have done. I shall not at present, at least, take any active part in its management or participate to any extent in the work assigned to its standing committees.

Dr. T. L. Brown: It strikes me if Dr. Paine is dissatisfied with the society, that he should be excused, and I would nominate Dr. W. Y. Cowl, of New York, for the place.

Dr. W. Y. Cowl: I will not accept.

Dr. E. S. Coburn: I would nominate Dr. T. L. Brown in place of Dr. Paine. [Carried.]

The report as amended was adopted.

On motion the Committees on Medical Ethics and Physical Diagnosis were discontinued.

On motion, Dr. S. H. Talcott was elected Chairman of the Committee on Legislation.

On motion, Dr. W. B. Kenyon was elected Chairman of the Committee on Medical Societies and Institutions.

On motion, Dr. Charles A. Bacon was elected Chairman of the Committee on Medical Education.

Dr. J. L. Moffat, from the Committee on Credentials reported, the registration of sixty-five physicians.

On motion the report was received.

The President announces the following bureaux:—

Materia Medica.

F. F. Laird, M. D., Chairman, Utica; Drs. T. F. Allen, New York; C. E. Millspaugh, Binghamton; W. T. Laird, Watertown; S. H. Carroll, Albany; E. E. Snyder, Binghamton; C. A. Beldin, Jamaica; B. F. Williamson, Friendship; with invited co-operation of Drs. Samuel Swan

and Geo. W. Winterburn, New York; E. A. Farrington, and Chas. Mohr, Philadelphia, Pa., and E. M. Hale, Chicago, Ill.

Clinical Medicine.

W. M. Decker, M. D., Chairman, Kingston; Drs. F. E. Doughty and J. M. Schley, New York; Jos. W. Cook, Buffalo; J. J. Mitchell, Newburgh; A. P. Hollett, Havana; S. T. Birdsall, Brooklyn; F. W. Ingalls, Kingston; H. L. Waldo, West Troy; A. B. Rice, Panama; B. L. B. Baylies, Astoria; C. J. Farley, Fort Edward; W. W. French, Ballston Spa; Geo. E. Gorham and J. J. Peckham, Albany; L. A. Clark, Cambridge; M. W. Gallup, Saugerties; G. H. Billings, Cohoes; D. F. Bishop, Lockport, and Rob't Boocock, Coxsackie.

Surgery.

W. E. Milbank, M. D., Chairman, Albany; Drs. W. Tod Helmuth and John Butler, New York; M. O. Terry, Utica; W. M. L. Fiske and Harrison Willis, Brooklyn; G. W. Little, Glen's Falls; C. Ormes, Jamestown; R. B. Sullivan, Baldwinsville; T. D. Spencer, Rochester; C. E. Van Cleef, Ithaca; and A. J. Frantz, Canoga; with invited co-operation of Dr. H. I. Ostrom, New York.

Obstetrics.

H. M. Dayfoot, M. D., Chairman, Rochester; Drs. S. P. Burdick, C. S. Lozier and C. W. Cornell, New York; R. C. Moffat and Henry Minton, Brooklyn; Merritt T. Dutcher, Owego; J. M. Lee, Rochester; M. M. Frye, Auburn; C. Judson Hill, Utica; N. Osborne, Buffalo; and James A. West, Geneseo; with invited co-operation of Dr. F. M. J. Whitard, Nunda.

Gynæcology.

Titus L. Brown, M. D., Chairman, Binghamton; Drs. C. M. Conant, Middletown; A. J. Clark and G. F. Hand, Binghamton; Anna C. Howland, Poughkeepsie; Asa S. Couch, Fredonia; Charles Sumner, Rochester; Alice B. Campbell, Brooklyn; O. W. Smith, Union Springs; and Sarah E. Thorn, Catlin.

Mental and Nervous Diseases.

T. S. Armstrong, M. D., Chairman, Binghamton; Drs. S. H. Talcott and C. S. Kinney, Middletown; W. M. Butler, Brooklyn; S. Lilienthal, New York; J. S. Phillips, Catskill; A. B. Kinne, Syracuse; and G. A. Cox, Albany; with invited co-operation of Drs. A. P. Williamson, Middletown; and H. R. Stiles, New York.

Pædology.

Catharine E. Goewey, M. D., Chairman, Albany; Drs. Gertrude G. Bishop, E. Hasbrouck, Chas. L. Bonnell, Susan S. McKinney, and Helene S. Lassen, Brooklyn; P. W. Mull, Ghent; Chas. E. Chase, Utica; Robert McMurray and Mary E. Bond, New York; and H. M.

Paine, Albany; with invited co-operation of Drs. Milton Hammond, Baltimore, Md.; L. Younghusband, and Lucy M. Arnold, Detroit, Mich.

Ophthalmology.

A. B. Norton, M. D., Chairman, New York; Drs. Geo. S. Norton, and C. Th. Liebold, New York; and F. Park Lewis, Buffalo; with invited co-operation of Drs. Chas. Deady and T. C. Williams, New York; L. B. Couch, Nyack; and W. N. Bell, Ogdensburgh.

Otology.

C. F. Sterling, M. D., Chairman, New York; Drs. H. C. Houghton, New York; W. P. Fowler, Rochester; W. S. Searle, Brooklyn; Sayer Hasbrouck, Middletown, and N. B. Covert, Geneva; with invited co-operation of Drs. C. E. Davis, New York; and E. O. Kinne, Syracuse.

Laryngology.

G. M. Dillow, M. D., Chairman, New York; Drs. John W. Dowling, C. E. Beebe, and F. Seegar, New York; C. E. Jones, Albany; E. Chapin and D. Simmons, Jr., Brooklyn; and H. W. Coffin, Glen's Falls; with invited co-operation of Chas. McDowell, New York; and L. A. Bull, Buffalo.

Histology.

John L. Moffat, M. D., Chairman, Brooklyn; Drs. Edgar V. Moffat, Malcolm Leal, and W. Y. Cowl, New York; and S. E. Stiles, Brooklyn; with invited co-operation of Drs. W. Storm White, M. Deschere, and Bukk G. Carleton, New York; and John A. Rockwell, Norwich, Conn.

Climatology.

O. Groom, M. D., Chairman, Horseheads; Drs. A. P. Throop, Poughkeepsie; F. W. Adriance, Watkins; E. J. Whitney, Brooklyn; Ermina C. Eddy, Elmira; C. M. Lawrence, Port Jervis; E. J. Morgan, Jr., Ithaca; with invited co-operation of Drs. Gammon, Corning; and W. M. Hilton, Waverly.

Vital Statistics.

J. Savage Delavan, M. D., Chairman, Albany; Drs. A. R. Wright, Buffalo; J. B. Voak, Canandaigua; C. E. Jones, Albany; S. Lilienthal, New York; W. A. Allen, Flushing; and J. A. Bieglar, Rochester.

Necrologist.

A. W. Holden, M. D., Glen's Falls.

STANDING COMMITTEES FOR 1884.

Committee on Legislation.

Selden H. Talcott, M. D., Chairman, Middletown; Drs. A. W. Holden, Glen's Falls; Asa S. Couch, Fredonia; C. A. Bacon, New York; W. H. Watson, Utica; J. W. Cox and E. D. Jones, Albany.

Committee on Medical Education.

Charles A. Bacon, M. D., Chairman, New York; Drs. E. Guernsey and F. E. Doughty, New York; E. Hasbrouck, J. L. Moffat, and W. W. Blackman, Brooklyn.

Committee on Medical Societies and Institutions.

W. B. Kenyon, M. D., Chairman, Buffalo; Drs. E. M. Kellogg and H. D. Paine, New York; G. B. Palmer, East Hamilton; A. B. Carr, Rochester; and C. Durant Welch, Cobleskill.

DELEGATES TO OTHER SOCIETIES.

American Institute of Homœopathy. Drs. E. Hasbrouck, Brooklyn; T. F. Allen, New York; A. R. Wright, Buffalo; E. D. Jones, Albany; F. F. Laird, Utica; C. E. Van Cleef, Ithaca.

California Homœopathic Medical Society. Drs. C. A. Beldin, Jamaica; W. W. French, Ballston Spa; W. H. Barnes, Chatham.

Connecticut Homœopathic Medical Society. Drs. J. S. Phillips, Catskill; E. Hasbrouck, Brooklyn; A. P. Hollett, Havana; A. B. Kinne, Syracuse.

Illinoise Homœopathic Medical Society. Dr. A. B. Rice, Panama; Irving P. Truman, Belmont; J. A. West, Geneseo; F. W. Adriance, Watkins.

Iowa Homœopathic Medical Society. Drs. C. Spencer Kinney, Middletown; C. E. Low, Plattsburg; E. W. Rogers, Crystal Springs; John A. Pearsall, Saratoga Springs.

Indiana Homœopathic Medical Society. Drs. P. W. Mull, Ghent; J. C. McPherson, Lyons; C. E. Millspaugh, Binghamton; H. M. Dayfoot, Rochester.

Kansas Homœopathic Medical Society. Drs. H. W. Coffin, Glens Falls; G. A. Cox, Albany; A. M. Curtis, Buffalo; A. E. Wallace, Oneida.

Maine Homœopathic Medical Society. Drs. Sayer Hasbrouck, Middletown; L. L. Brainard, Little Falls; Anna C. Howland, Poughkeepsie; Chas. L. Bonnell, Brooklyn.

Maryland Institute of Homœopathy. Drs. S. Powell Burdick, New York; and G. D. McManus, Oswego.

Massachusetts Homœopathic Medical Society. Drs. G. C. Prichard, Phelps; Chas. R. Summer, Rochester; Isaac Miller, Delhi; G. F. Hand, Binghamton.

Michigan Homœopathic Medical Society. Drs. A. Von-der-Luhe, Brooklyn; B. F. Grant, Bath; Clark Otis, Penn Yan; M. W. Gallup, Saugerties.

Minnesota Homœopathic Medical Society. Drs. J. A. Bieglar, Rochester; C. P. Cook, Hudson; Sarah E. Thorn, Catlin; W. R. Case, Salt Point.

Missouri Homœopathic Medical Society. Drs. E. W. Bryan, Corning; George E. Gorham, Albany; W. S. Garnsey, Gloversville; W. B. Kenyon, Buffalo.

New Hampshire Homœopathic Medical Society. Drs. A. B. Carr, Rochester; C. G. Clark, Troy; M. J. Lincoln, Olean; Chas. M. Mosher, Easton.

New Jersey Homœopathic Medical Society. Drs. W. M. L. Fiske, Brooklyn; G. S. Norton, New York; C. E. Jones, Albany; Gertrude G. Bishop, Brooklyn.

Ohio Homœopathic Medical Society. Drs. M. O. Terry, Utica; A. W. Holden, Glen's Falls; Asa S. Couch, Fredonia; F. W. Ingalls, Kingston.

Pennsylvania Homœopathic Medical Society. Drs. S. H. Talcott, Middletown; H. C. Houghton, New York; W. C. Latimer, Brooklyn; Titus L. Brown. Binghamton.

Rhode Island Homœopathic Medical Society. Drs. H. L. Waldo, West Troy; Cath. E. Goewey, Albany; J. B. Voak, Canandaigua; A. C. Hoxie, Buffalo.

Vermout Homœopathic Medical Society. Drs. L. A. Clark, Cambridge; C. J. Farley, Fort Edward; Merritt T. Dutcher, Owego; J. Mallory Lee, Rochester.

Wisconsin Homœopathic Medical Society. Drs. L. W. Flagg, Yonkers; C. Durant Welch, Cobleskill; G. Z. Noble, Dundee; Jas. F. Doolittle, Ballston Spa.

State Dental Society. Dr. W. H. Van Derzee, Albany.

Semi-Annual Meeting.

Dr. T. L. Brown: I hold a paper from the Homœopathic Medical Society of Broome County in my hand which I will read to you:—

"At a special meeting of the Broome County Homœopathic Medical "Society, Moved by Dr. A. J. Clark, seconded by Dr. T. L. Brown, that "we extend a hearty invitation to the State Homœopathic Medical Society "to hold their next semi-annual meeting at Binghamton." [Unamimously "carried] Moved and carried that Dr. Brown present this invitation to "the State Society and urge our claims.

"Binghamton, Feb. 11th, 1884. H. S. SLOAN, M. D., President.

"A. J. CLARK, M.D., Secretary."

Dr. N. Osborne: I move the acceptance of this request.

Dr. A. P. Hollett reads a communication from Dr. C. D. Hale, of Syracuse, asking the society to meet there.

Dr. J. L. Moffat: A couple of years ago we had a pleasant time at the Catskill Mountains and everybody wished we could go there again.

D. Geo. M. Dillow: I would suggest Richfield Springs.

Dr. R. B Sullivan: I move that we meet in Syracuse in September.

Dr. N. Osborne: It seems to me quite necessary that we should have a semi-annual meeting as near to the western part of the State as possible. We are obliged, who attend the annual meeting, to come a long distance, and we feel that we are entitled to a little consideration, and that the semi-annual meeting ought to be held as far west as possible. My proposition is, and I move that it should be held at Binghamton. [Carried.]

Dr. E. Hasbrouck: On behalf of Binghamton I can say that it has a

very fine hotel, and a good place to hold a semi-annual meeting. I also wish to state that our Secretary for the coming year is also Secretary for the Kings County Homœopathic Medical Society, he cannot leave the first Tuesday in September. I move therefore in order to accommodate him that the semi-annual meeting of the State Society be held on the second Tuesday in September. [Carried.]

Dr. A. P. Hollett read a telegram from W. H. Krause, M. D., 329 East 14th Street, New York:—

"Senator James Daley will vote against Erie County bill, use my "name. I have telegraphed your name to him."

Also a postal card from Dr. A. P. Throop, of Poughkeepsie, saying that he had been detained and hopes to be present in time to report his bureau.

Dr. S. P. Burdick: The matter which I arise to present to this society, is one which I wish to define before making any statement. First, I don't wish to impugn the action of any person or member of the society, of committee or censors. I don't arise to in any way change or cause a change in their action to be taken at this time, but simply to place myself and others in a correct position. My reference is to a gentleman, a member of the New York Homœopathic County Society, whose name has been presented for membership in this society. His name has appeared on our announcement and no mention made of him to the society. That gentleman has been present with us. The objections which have been raised by the Censors which exclude the gentleman, we believe to be conscientiously taken by these gentlemen, but in taking them, their action has been adverse to that of three gentleman who have known more of the case and recommended him, Dr. Hasbrouck, of Brooklyn, the speaker, and Dr. Henry Minton. The objections that were raised were, that he was a graduate of an eclectic medical college, that he had held a professorship in an eclectic medical college which had performed some acts which have not been fully consistent with the laws of the State. Whether these charges have been sustained or not I don't know. I am free to say that I have no question in my mind that these acts have been performed, but so far as Dr. Winterburn's connection with the college is concerned, he was wholly ignorant of the irregularities in their action. I am satisfied with this for reasons which to me are good and sufficient. While a member of the faculty of that college he was an intimate friend of mine. I know his position clearly and thoroughly. I spoke to him of the irregularities and he clearly informed me, that if they existed he was ignorant of them. I have since been informed that the doctor's teachings in this college were largely upon the principle of homœopathy. Dr. Winterburn has fulfilled the full and more than the full requirements of the law of the State of New York. He has attended three full courses of lectures. The first term in the Ohio Medical College, of Cincinnatti. This college corresponds to the college of Physicians and Surgeons, of New York. Removing from Ohio he come to New York. He then attended a course of lectures in the Eclectic Medical College, and I am sorry to say that at that time that college was under a worse odium than the college in which Dr. Winterburn was acting. This was

not his fault. After his graduation form this college he also attended a course of lectures in the New York College of Pharmacy, and to our knowledge Dr. Winterburn has been a consistent, thorough homœopathic physician. He is also the editor of the *New York Homœopath.* He is also editor of a forthcoming encyclopædia of homœopathic practice which carries with it the support of a large proportion of the best men in the profession. Dr. Winterburn does not wish his name to come before the society at this time, believing that the censors were living under an error. It is in justice to him that I make these remarks.

Dr. A. P. Hollett: I have received application for permanent membership from the following physicians: Dr. Napoleon B. Sullivan, of Memphis, and Dr. Lewis Faust, of Schenectady.

These nominations were received and referred to the censors.

Report of Bureau of Obstetrics.

The report was presented by Dr. J. L. Moffat, in the absence of the chairman Dr. R. C. Moffat, and the following papers were read:—

"A Few Obstetrical Cases," by Anna C. Howland, M. D., of Poughkeepsie.

"Preternatural Labor—Asphyxia," by W. W. French, M. D., of Ballston Spa.

"Post Natal Development of the Vulva" by R. C. Moffat, M. D., Brooklyn.

The report was recived and referred to the publishing committee.

Report of Bureau of Climatolgy

The following report by Dr. H. M. Paine, was presented:—

Dr. A. P. Throop, Chairman of Bureau of Climatology:—

DEAR SIR: Your circular of June 1st, calls for statements relative to the prevalence and causes of pneumonia.

1st, *Prevalence.* I have not at hand any means for comparing the number of acute cases of inflammation of the lungs which occurred this season, with those of previous years; it is unquestionable however, that acute lung diseases, particularly pneumonia and bronchitis have been more than usually prevalent, severe and fatal, during the past winter and spring.

2d. *Causes.* Evidently prolonged cold and damp weather, with sudden variations of temperature, the difference often being from fifteen to thirty degrees in less than as many hours; and consequent upon these, also great changes of the electrical conditions of the atmosphere, a factor which is supposed largely to contribute to the prevalence of influenza and acute catarrhal affections, so common during the winter and spring.

You also ask for a statement bearing on the causes of the wide prevalence of intermittent and malarial fevers.

The causes are obscure and difficult of elucidation. The constant accumulation of data, and repeated generalizations therefrom, by diligent observers, will ultimately lead to the discovery of the elements entering into the origin and development of malarial poison.

Cases of fever of a purely intermittent type have occurred for many

years, probably ever since the settlement of the country, on the low lands both north and south of the city; it is only within two or three years however, that sporadic cases have developed within the thickly settled portions of the city, in localities elevated many feet above the river, a mile or more back, where the soil is porous and sandy, and apparently as free from any malarial nidus as any part of the country.

Any explanation of this fact based on general laws or agencies seems almost out of the question; it has been observed, however, that a majority of the cases occurred in dwellings where defects in the drainage and ventilation of the soil and waste pipes existed. These were very probably the contributing, while the general climatic influences were the predisposing causes.

Wise indeed will that person be who shall have sufficient acumen to satisfactorily and clearly determine and describe the essential elements of this mysterious and often fatal morbific influence.

The report was received and referred to the publishing committee.

Report of Bureau of Histology.

The following paper was read by title:—

"The Relation of Germs to the Diseases of the Future," by J. H. Demarest, M. D., of New York.

Dr. W. Y. Cowl: As the hour is late I will simply state that I was intending to offer some remarks upon the "Invisible Blood Corpuscles," which I had here yesterday. I will therefore defer my remarks on the subject to a later day.

The report was received and referred to the publishing committee.

Report of Bureau Gynæcology.

Dr. Jno. J. Mitchell, chairman of the bureau, presents his report as follows:—

Mr. President:—For the sake of convenience, I have divided the report of the Bureau of Gynæcology into three sections. The first section comprises letters from all the members of the bureau except two, expressing their regret or inability, as the case may be, at being unable to furnish papers for the society this year. I might add that it also included a verbal communication from the chairman of the bureau, Dr. Mitchell, of Newburgh, to the same effect. The second section is composed of a letter stating that an article for the bureau was ready, but as the article has not been forwarded the communication will not be of special benefit to the society. The third section consists of a short paper from the pen of our worthy colleague, Dr. Minton, of Brooklyn, which paper, however, I have had to extend my jurisdiction to included under my bureau. It is but right to say that the paper was not written especially for this meeting.

The following paper was read:—

"'Twas Chamomilla," by Henry Minton, M. D., of Brooklyn.

The report of the bureau was received and referred to the publishing committee.

Miscellaneous Business.

Dr. J. H. Demarest: I move that a vote of thanks be extended to our retiring Secretary for his very efficient work during the last three years.

The motion was amended so as to include all of the officers, and was unanimously carried.

Dr. W. Y. Cowl: I move that the back numbers of the transactions of this society be presented to the New York Medico-Scientific Investigation Society, to complete their files.

Dr. E. S. Coburn said that it would be impossible to furnish all of the back numbers.

Dr. H. C. Houghton: I move that this matter be referred to the Secretary and Treasurer and if it is possible, that the numbers be furnished them to complete their files. [Carried.]

On motion the society adjourned.

A. P. HOLLETT, Secretary.

III.

Annual Address.

By the President, EVERITT HASBROUCK, M. D., Brooklyn.

Members of the Homœopathic Medical Society of the State of New York:—

LADIES AND GENTLEMEN: I am not unmindful that by your choice I occupy the high and honorable position of president of a medical society of the Empire State. When I consider the greatness of the honor, and with what worthy names my own becomes associated in this connection, I cannot and would not suppress thoughts of deepest gratitude, not only for the conferred distinction, but also for the earnest assistance rendered me in endeavors to promote the welfare and good reputation of our society during the past twelve months. Thanks are due you and are freely given. May greater reward be received hereafter. It is a prescribed duty of the President of this society to present, at the close of his official term, an address. To fulfil this duty I am before you this evening. To say that its fulfilment is to me a pleasure would be to speak falsely, for I am actuated by a deference to the command of the by-law more than to a confidence in my ability to discharge the duty acceptably to the society or with satisfaction to myself. Therefore, that which I have to present will be placed before you as is an ordinary paper of the society, briefly, and without attempt at an oratorical display.

The topic to which I invite your attention and thought is one which has been thrust upon us by some in our own ranks whom we have learned to love and honor for valiant service in behalf of the medical gospel we preach, and by others, who are not now of us, but make the demand for the purpose of affiliation.

I propose to ask, and endeavor to present a reply to the question: *Are we as physicians and as a society justified in maintaining positions which distinguish us from others who do not recognize the formula Similia Similibus Curantur as the main guide for the administration of medicine?*

In presenting this subject I shall avoid so far as is possible the use of the words "homœopathy" and "homœopathic," as it has been stated that they do not etymologically express the meaning we are accustomed to give to them. No attempt will be made at this time to disprove such statements, since they do not in any sense invalidate the evidence of the system of medical practice thus named. But one cannot resist the thought, that a desire to remove a name considered unsuitable, without an effort to furnish another presumably more appropriate, may create distrust in that which has been, and must continue to be, a great boon and blessing to many households. The formula *Similia Similibus Curantur* probably specifies the only known scientific method of administering drugs for the cure of disease which has a specific law as a basis. This statement is thus qualified because of the known fact that while a very large majority of those who make use of the formula in practice affirm that it is the expression of an unvarying law, others equally skilful, assert their belief that such may be a fact, but that it is unproved. Other methods of therapeutics exist and are entitled to a place in our efforts to cure or alleviate disease. I do not concede that the physician, claiming to be a practitioner under the law of Similia, is renegade to his avowed principle, because he brings to his aid a knowledge of chemistry, hygiene, sanitation, mechanics or whatever else his best judgment may dictate to him, is demanded for the welfare of the sick entrusted to his care; provided he makes an honest endeavor to apply the principle of similia in the sphere to which it is applicable. It is the physician's duty to know when and where to apply the proper therapeutical measure. The applicability of remedial agents under the formula of *Similia Similibus Curantur* is only found in conditions of the system which present a changed physiological state causing that which we understand by the term "disease." The physician's duty will often lead him to persons whose ailments are simply disturbance of function. Such may or may not demand the application of similia. The fitness of the name which Hahnemann gave to the one fundamental principle of practice has no place in this presentation. The method of drug action which he promulgated is, that effects of drugs shall be learned by observations made on the healthy organism, and when they are thus learned will be found to correspond to similar abnormal phenomena, known to us as disease; and when these drugs are administered in a smaller quantity than that which produces the similar symptoms in the healthy organism, they will remove those symptoms to which they are related in their totality by virtue of similarity. That the quantity of drug to be used shall be less to meet the conditions of disease is a natural sequence of the application of the principle of similia, but just how much less than the quantity which would produce a similar disturbed action is not to come from the diction of any person, living or dead, until a state of more perfect knowledge in that direction is attained. The

earnest desire of the physician to acquit himself creditably in restoring his patient to health will dictate to him to use the smallest quantity of medicine that will most speedily and effectually remove the evidences or digression from the normal condition. To have reliable data on which to base the selection of a curative agent under the principle of similia, it would seem essential that the effects produced and observed on the healthy should be only from the use of drugs which approach the crude or original article. The use of dilutions or triturations for the purpose of "proving," is deemed by very many physicians to be uncalled for (except in instances where life might be jeopardized by the use of stronger preparations), and the symptoms said to be thus produced by their use are considered unreliable for the basis of prescription making, since probably very little substantial evidence exists to indicate that dilutions or triturations above the first four have the inherent quality to sensibly derange healthy systems or organs. To secure medicines which are suitable to curatively meet disease in its various phases, together with the peculiar idiosyncrasies of individuals, made necessary the scheme of attenuations of which we make use. Hahnemann bequeathed rules to us for their manufacture. His methods have proved reliable and are as satisfactory to-day as when he gave them. We will only ask that he who practices in accordance with the principle of similia, will prepare his remedies as did Hahnemann, and in return grant him the greatest latitude in the selection of the dose to be used, hoping that the wisdom of the choice will be evident by an effectual quality of result. Laws of dose have been pronounced, which, it is claimed, regulate the application of proved drugs. Perhaps the most notable theory of this kind is that emanating from Dr. E. M. Hale. He has asserted that "in any case of disease we must "select a remedy whose primary and secondary symptoms correspond "with those of the malady to be treated," and "If the primary symptoms "of a disease are present, and we are combatting them with a remedy "whose primary symptoms correspond, we must make the dose the smallest "compatible with reason; and if we are treating the secondary symptoms "of a malady with a remedy whose secondary symptoms correspond, we "must use as large a dose as we can with safety." By the use of this law, he says: "The proper dose for each case may be selected with as "much certainty as the proper remedy." The assertions of Dr. Hale on these points may be true, but have not yet received a very wide-spread acceptance on the part of those who acknowledge as he does the fundamental principle of similia. Nor for the purpose of this address is it necessary to make affirmation any more than to admit now that the dictum of Hahnemann regarding Vitalism, Dynamization and other theories is or is not true. Therefore, all that shall be demanded at this time to constitute the physician a practitioner under the formula of *Similia Similibus Curantur*, is an honest recognition of the applicability of drugs to diseased conditions similar to the effects which the selected drug produces in healthy persons. In other words, he who, at the bedside of the sick learns from subjective and objective symptoms which organs are affected, and to what extent and what manner the system has undergone change, and, for the cure or relief of his patient administers the drug

which produces similar symptoms or conditions, with the best knowledge or judgment he can bring to bear as to adaptibility of drugs, and quantity and attenuation of dose, is not only wise, but is guided by the fundamental principle of which we speak.

Having thus placed before you the general interpretation of a principle in medicine which was vaguely hinted at hundreds of years ago, but for which principle Hahnemann has achieved the everlasting honor of furnishing the world with a working formula, let us see if it has stood the test of ninety years' service, and if there are not sufficient reasons for us to longer maintain a medical individuality. We will briefly look at the standing of medical art in the years preceding 1790, the year that the light dawned upon Hahnemann. Of this, Dr. J. C. Burgher, in his presidential address before the Pennsylvania State Society, has said: "From "the remote period when medicine was rocked in the cradle of its infancy "by the Egyptian priesthood, down to the time of Hahnemann, all was "uncertainty and conjecture. Its array had been the occult garb of "speculation—its texture varied according to the power and skill of the "manufacturer, from the fine-spun gossamer-like net of Darwin to the "more gross, uneven and unwieldy fabric of Hunter. Whether we ex-"amine the writings of Celsus or Galen, or Paracelsus, or Sydenham, or "Cullen, we find little but theory upon theory as the reward of our labor. "And thus hypothesis upon hypothesis, theory upon theory has accumu-"lated, upon which system after system has arisen, flourished, fallen and "given place to others, in rapid and melancholy succession; leaving the "disjointed materials in chaos, to be followed by other systems and more "hypotheses." In a paper presented to the World's Convention at Philadelphia in 1876, Dr. Conrad Wesselhœft said: "During the two centur-"ies intervening between Hohenheim (known as Paracelsus) and "Hahnemann changes occurred which culminated in giving the character "to medical science which it bore at the end of the eighteenth century. "But these changes had little to do with advancing the knowledge and "use of medicines, as they concerned the varying philosophical and so-"phistical systems and hypotheses and theories about the nature of life, "which had only an individual bearing on the healing art. Though "anatomy, physiology, chemistry, etc., crept steadily on, they were too "imperfect to effect the methods of healing; and having to proceed "under the guidance of the spirit of the age, they were impeded by its "vague theories and speculation." Great indeed were the scientific attainments and the fame of Boerhaave, Stahl and Hoffman; great the number of followers of each, and bitter their partisan strife. But we find no page of their history showing curative results from exact knowledge and pure empirical research. Only a controversy rages over humoral pathology, the spirit principles of Stahl and VonHelmont, and the mechanical theories of Hoffman. * Another has said: "All theories of centuries, "and all the discoveries in other sciences, had failed to afford to the physi-"cian any certain means for the cure of even well-known and accurately "described affections, but left him utterly powerless in new and unknown

* Dr. Wm. James Blakley.

"diseases. The cause of this deplorable impotence of the medical art "lay in the misdirected efforts of physicians, and in the erection of systems "of practice upon ideas utterly false and untenable."

All writers upon ancient medical history presenting about the same statements, we have in the foregoing quotations given sufficient to show the unreliable character of medical art down to the time of Hahnemann. That Hahnemann was competent to form a correct opinion of the value of the practice in vogue during his early professional life is attested by the words of Sir John Forbes who said: "No candid observer of his actions, "or candid reader of his writings, can hesitate for a moment to admit that "he was an extraordinary man," and that "he was undoubtedly a man of "genius, and a scholar; a man of indefatigable industry and dauntless "energy." Hufeland, "the nestor of orthodox medicine in Germany," and a contemporary of Hahnemann, spoke of him "as one of the most distinguished physicians in Germany."

With such a reputation did Hahnemann follow his chosen profession until, as has been said in an address before this society, entitled "Antagonism between Homœopathy and Allopathy," by the late Carroll Dunham, "he tells the profession in several essays on medical subjects, that "he has become so deeply convinced of the uncertainty of medical prac-"tice, and of the positive injurious effects of many methods in common "use among physicians at that time, that at length he 'really doubts "'whether his patients would not in many cases, have thriven as well, or "'better, without his aid as with it.'" Driven by this conviction, Hahnemann relinquished the practice of medicine, and devoted himself to chemistry and literary pursuits; but so confident was he that improvement in medical methods could be found, that he was ever on the lookout for indications of something more in keeping with what he recognized as imperative. An observation made during the translation of Cullen's *Materia Medica*, a standard work of the time, gave to him the thought that "provings" of drugs upon healthy persons might furnish the clue to drug action in remedial relations. This thought was followed by experiments upon himself and other healthy persons, to learn the effects of drugs. This in turn was followed by the application of the knowledge thus secured to conditions of disease with such successful results, that from 1790 to 1805, fifteen years of the prime of his life were devoted to constant and exhausting labors in developing the great principle in medicine that he had discovered. When sure of its truth, he presented his views, and proof of their utility, in an essay to the profession. In 1810 the first edition of his *Organon* was published, the leading doctrine of which was the principle of *Similia Similibus Curantur*. This principle we, by virtue of our acceptance, are to-day the custodians. Hahnemann not only elucidated the rule of Similia, and demonstrated its correctness, but also presented evidences that the principle of its application was scientific. One of these was presented in 1830, when the Asiatic cholera appeared in England, after ravaging Russia, through which it had passed in its course from India. The disease was new and before that time, unheard of in Europe. The treatment it had received from the hands of the physicians was most contradictory and incongruous, and to a very great

extent powerless for good. The reason for this was evident, no law of the application of remedies governed them. The physicians in explaining their lack of success pleaded that the disease was new to them, yet Hahnemann, without having seen a case of cholera, compared the published symptoms of the disease with the recorded symptoms of drugs proved by himself and followers, and announced the drugs which should be curative for the disease then epidemic, under the principle of Similia. Upon trial his assertions were found true, as was shown by statistics of the cases subsequently treated. In the address before named, Dr. Dunham said: "This one fact speakes more for homœopathy, and the truth of "the law of nature on which the system is founded, than almost any other "I could offer, viz: That Hahnemann from merely a description of one of "the most appallingly rapid and fatal diseases, could confidently and dog-"matically say such and such medicine will do good in this stage of the "disease, such and such other medicines in that; and the united testimony "of hundreds of practitioners in all parts of Europe should bear practical "testimony to the accuracy of Hahnemann's conclusions." We have seen that a demand for an improved therapeutics existed, and that Hahnemann, by research, perseverance and demonstration met the demand. This governing principle in medicine, which he so effectually demonstrated, remains unchanged. Whatever difference of opinion has occurred among those who have accepted it as a rule of practice, has related to the details of practice, and not about the truth and value of the principle itself. *Similia Similibus Curantur* is the bed-rock of all that emanated from Hahnemann, and is found planted in nearly every country of the world. Year by year it has gathered to itself new advocates and adherents, until to day its practitioners are numbered by thousands, and their patrons by millions. Upon it has been established hospitals, dispensaries and asylums, each one of which, by comparison, has demonstrated a decidedly larger proportion of curative work than its neighbor of equivolent surroundings, and methods, minus the principle of similia. It was the application of this principle that brought such surprising results of treatment in the late epidemic of yellow fever, when, of all cases upon which report could be secured, a mortality of less than five and one-half per cent. was shown. Reports from esteemed colleagues in this society, the physicians of the Asylum at Middletown, have also shown a significantly greater proportion of recoveries there than in other institutions for the insane. It cannot be that differences of result, which are so marked, could be ascribed to greater care regarding diet, hygiene and other necessary accompaniments of practice, for we are not willing to believe that those, who differ from us as to therapeutics, are wanting in knowledge of, and benefits derived from, these essentials; and we would not place upon them an opprobrium, by suggesting that they may be careless in the application of such efficient aids in the treatment of the sick. Nothing then remains to account for the oft attested superiority of results secured by the use of remedies applied according to the principle of Hahnemann, except the superiority of this method over other known methods. There always have been those who would assert that we have not been honest in our practice; did not practice that which we have preached. In rebuttal, we can present

the large number of volumes of clinical evidences which have accumulated, and let them be examined for fraud, believing that such an examination will demonstrate a depth and scope of honest work almost unrivaled. To thus successfully make application of the principle of similia, it became necessary to construct a new *Materia Medica*. This was begun by Hahnemann, and his method has been continued with fidelity to this day. Compare those which previously existed, and have prevailed since, among such as have not espoused the cause of similia, with the methods we have delineated, and it will be learned that drugs have not been studied with a view to discover their action on the healthy economy, but to make classifications such as Narcotics, Emetics, Sudorifics, etc., etc., and under such classifications, to apply them to the treatment of diseases, without special indications to show why one drug of a given class is selected in preference to another of the same classification. No individualization, either of the sick or of the drug to be used, has been obtained. Diseases have been treated by name rather than by the symptons presented by each sick individual. Much time and earnest labor have been bestowed in the study of pathology, physiology, chemistry and almost every collateral branch of medical art outside of therapeutics, with results of value to the whole profession. In this they have in later years been to some extent assisted by the adherents of similia, but to its opponents is almost entirely due the credit of whatsoever of progress has been secured in these departments. While they have been thus at work, we, as a school, have been delving at a specialty, viz: a study of the action of drugs; and while thus pursuing our specialty, have absorbed and made use of whatever of value (to us) they have published. From them, as a school, we have received very little public reciprocation in the line of absorption and use of that knowledge which we have proclaimed and demonstrated to be valuable. Gradually, however, the small doses of medicine, which are, as has been stated, a natural sequence of the law of similia, have had a tendency to modify the practice, by lessening the doses of the older school; until within a very few years, a small number of physicians in it have made use of drugs as prepared and used by us, not to prove or disprove the principle of similia, but to test their action under the classifications of its *Materia Medica*. Within the same time was published "Ringer's Therapeutics," which, in its successive editions, has upon nearly every page some indication for newfound uses of drugs, some of which are also new in the armamentarium of the branch of the profession represented by him. These indications are in many instances identical with those used in the practice of similia in the years gone by when Dr. Ringer had little knowledge of medicine. Works by other authors have followed, written in much the same strain. In those by Prof. Bartholow it is admitted* "that the physiological "action of the drug is essential as a guide to its curative action. That "curative action he calls the antagonism of the drug to the disease. . ". . . We do not like what seems to us a new name for an old prin- "ciple half as well in its new dress as it stands in the old aphorism of "Hippocrates, and in the comprehensive formula of Hahnemann."

*Editorial, Hom. Times, Jan. 1881.

And so in the book by Dr. Chas. Phillips, of England, is found much that can trace its paternity to the labors of Hahnemann and his followers, but of this the author gives no clue; and yet he was formerly an avowed homœopathist. These examples of appropriation without due credit occurred several years since, but within the past year a lecture was delivered in Bellevue Hospital Medical College, which in its opening, was declared to be one "not scientific, but of new discoveries and experiences," and set forth the value of "small doses and their frequent repetition." These discoveries and experiences every one of them prove to be the "old, old story" published years before in the literature of our school. In all of this we can see improvement in practice, but not honesty. During the first six decades that the principle of similia was acknowledged and practiced, its practitioners were those who were graduated by colleges that were noted in one particular at least, *i. e.*, an absence of instruction in the doctrine of Hahnemann. Many of those graduates were led to examine and study it for purposes of refutation. Instead of proving its falsity, they became convinced of its truth and utility, and entered upon an honest and joyous practice of that which they sought to overthrow. It has been my privilege to have the acquaintance of many physicians, who, after a more or less extended experience in the methods of practice in the older school, have adopted as their guide the principle of similia, and in almost every instance have they become most strict and staunch adherents of it, and usually of the other tenets of Hahnemann as well. We have many such as members of this society, and I have no doubt your experience will corroborate my own in regard to others. I am also reminded of how many times greater in number are those from the older school who in sincerity of heart and honesty of purpose have adopted similia, than are those, who, having been known as "homœopaths," have, for reasons best known to themselves, repudiated the principle they once advocated. The latter can almost be counted on the tips of your fingers, and it tries one's credulity to believe, that, if they did ever truly know the beneficence of our practice, it were possible indeed for their "hand to forget its cunning," when the appeals of the sick are presented to them. We have recognized the right of all to use similia in its proper sphere, but such as these have revoked their license and denounced the method without justification for their conduct. Yet, without their open and avowed aid, similia every day adds fresh laurels to the ever green and blessed memory of Hahnemann. It is evident that in these days there is, on the part of some in the dominant school of medicine, a greater degree than formerly of seeking after and finding of therapeutical truth. Examples of this it is needless for me to specify by names of persons or incidents, which would conclusively prove the truth of the assertion. We who have the witness of faith within us and "know whereof we speak," cannot prevent a feeling of sadness when we consider the almost unanimous effort on the part of the searchers and finders to call an old truth by a new name, and the studied avoidance to give honor to whom honor is due." Some, however, are like Dr. A. "Given, of Louisville, Ky., who, after fifteen years' experience in the old school, in presenting his resignation of membership at a recent meeting of

the Medical Association of that State, said: "The result of my investi-
"gation having convinced me that in the allopathic profession we have
"no law of cure, and that there must be in nature some law of cure—
"some missing link which was to complete the chain of true medical
"science. I began by investigating homœopathy, and let not your lips
"curl in derision when I tell you that I found a new world in medicine
"opened up before me. I found there what has caused the investigating,
"intelligent public to require many of us to discontinue heroic treatment
"and give smaller doses. I found there ideas and remedies which had
"been given us as representing the advance thought and intelligence of
"our own school, taken—stolen of whole cloth—and palmed off on us as
"original matter."

In this we have a confession which might appropriately be repeated by a large proportion of those who are spoken of as "progressive" in the old school. Let us now look at the action of The Medical Society of the State of New York' in repealing the Code of Ethics relative to consultations, and for which it has received all manner of encomiums. Praise is due it for righting a wrong which should never have existed, yet there seems to be but slight evidence of a desire on the part of those participating in the movement to recognize the truth and value of the principle of similia. The action of the society gives no expression that in its opinion the principle is any more correct to-day than it was when the code now repealed was written. Those who voted in the society to repeal the code are physicians mainly resident in the counties of the State in which large cities and villages are located, and that the action had in it no spirit of true liberality was shown by an unanimous vote of the members present at a meeting of the New York County Society, whose delegates made a large proportion of those who voted for the repeal. This society in May last adopted the following amendments to its by-laws:—

1st. "The members of this society shall be governed by the Code of "Ethics adopted by the Medical Society of the State of New York, "February 6, 1882.

2d. "No person shall be eligible for membership in this society who "is a member of a county society not entitled to representation in the "Medical Society of the State of New York."

This latter amendment shows the animus of the whole transaction. Those who adopted it know full well that a large majority of those who practice under the principle of similia DO NOT claim it as an exclusive method of practice, but as the best and most scientific guide in practice, and that they are members of societies designated by the name of the method in medicine of which they make most frequent use. Such societies were originally organized because of the illiberal and sectarian position taken by those who did not recognize the principle of similia, and, of course, are "not entitled to representation in the Medical Society of the State of New York." While by the adoption of these amendments the society expresses a willingness for its members to meet in consultation members of our societies, yet it remains unwilling to open wide the entrance to its organization; thus revealing what seems to be the "true

inwardness" of the action taken, and virtually asks such of us as may desire to seek knowledge wherever it may be found, to withdraw from all organizations which propagate the very truth above all others in medicine we believe to offer the greatest safety and benefit to humanity. Instead of being, as called, a liberal movement, it seems in reality to be an attempt at coercion, the ultimate object of which is the destruction of this and other similar societies. The old code usurped for its adherents the title of "regular" physicians, and, in contradistinction, we were termed "irregular," and deemed unworthy of professional courtesy. Its repeal can only be looked upon as a tardy act of recognition of the law of the State, for the truth is we have never been "irregular." Our diplomas, in many instances, came at the same time and from the same colleges as those held by members of that society. Those of us who possess such diplomas are not only considered to be equally well qualified to practice medicine as those who have arrogantly assumed the title of "regular," but have displayed the always commendable quality of industry, and added to previously attested qualifications a knowledge of the principle of similia. Those who do not possess diplomas of the kind just mentioned, have others equally lawful and valuable, inasmuch as the same State authorities have granted to homœopathic colleges the power of conferring degrees; thus placing all upon one broad equality before the law, and making the term "regular" applicable in the only proper sense in which it can be used in connection with practitioners of medicine. In this manner we substantiate the claim, that, in this State at least, has the unjust appellation applied to us virtually been removed. This in my judgment so far as it affects us as a medical body is all there is in the much talked of repeal of the Code of Ethics. It does not give to those who have hitherto been bound by the code any larger opportunities to learn of the principle of similia than have before existed. Nor, on the other hand, does it grant to us any special advantages. We have not today the same need of the services of the specialists of that school as existed twenty or ten years ago, for we have in our own ranks those of equal merit as diagnosticians and operators, and we say, without a spirit of exultation, but rather of satisfaction, that our specialists in surgery possess greater merit, for they bring to bear in their practice a knowledge of the principle of similia, which it is well known has proved the saviour of many limbs and organs, which, without it, would have been sacrificed to the instruments of operators. It has been seen that the practitioners of similia were early and always forced to positions of defence and protection by the spirit of exclusiveness which has prevailed among their opponents. The doors of medical colleges have been closed against students from offices of known practitioners of similia, who also, because of their belief and practice, were either expelled or asked to resign from medical societies. These were the incentives which compelled the organization of our so called sectarian societies, and the establishment of colleges in which are taught all branches of the art, as taught by other medical colleges, together with the ever free but long rejected doctrines of drug provings upon the healthy person, and the application of drugs to disease upon the principle of similia. In these societies and colleges

an immense amount of labor which has not yet received a just recognition beyond the confines of our peculiar people has been performed. We have thus seen that had the principle of similia been accepted in its infancy by the general profession, and given a proper place in the manual of medical methods, no spirit of sectarianism would have ever been developed. But since this justice was not accorded it, what else could they do, who recognize the genius of Hahnemann in the promulgation of a formula which has every day of its existence covered itself with renown, but be true to their convictions, and press on to that day when the principle shall have its perfect reward? Hence, we declare that in the spirit of liberalism in medicine, which some claim has arisen, can be seen very little that tends to offer the memory of Hahnemann a merited homage, or to us a just recognition of the labor that has been performed in the departments of *Materia Medica* and therapeutics, with assistance in an open and candid manner to still more develope the principle which has already proved so essential to the welfare of humanity. If this be true, how then can we, the custodians by acceptance and inheritance, so easily as is demanded of us remove all that makes us distinctive bodies or individuals? The time has not yet come for us so to do. For years the Code of Ethics of the American Institute, which is also that of this society, has proclaimed the spirit of liberality that governs us. The principle in medicine which we believe to be true has been as now free for the acceptance of all who would receive it. Being thus free, its believers solicit and welcome an examition of its merits or demerits, and demand an open and honest scrutiny into it, and all that is claimed for it, and expect, as each investigator may be convinced of its utility, that he shall proclaim his belief therein. If progressive medicine means this, then we are satisfied, for then shall justice have attained its sway, and the medical profession have taken a step toward that final acknowledgement which we believe must obtain, proclaiming *Similia Similibus Curantur* over and above all other medical methods, the one which most speedily, effectually, and scientifically cures the sick of all the world. Until such general acknowledgement shall have been secured we are justified in maintaining a name and position in keeping with the truth we have espoused. Not for mercenary motives nor professional aggrandizement, but to still further propagate the beneficent method, and to ever stand ready to welcome and assist searchers after the truths we hold dear; because in doing so we believe we are honoring Hahnemann as he should always be honored, and doing the greatest possible good to suffering humanity; which last reason must stand high above every other. In that great day of acknowledgement the principle of our societies will be the leading one of all organizations. Medical colleges will be open to all, and medical science taught in its entirety. Then, and not until then, will we be justified in relinquishing our distinguishing name; and then only, because a necessity for it will no longer exist. Then will the names of Hahnemann and of the principle of *Similia Similibus Curantur* be found among the brightest stars in the crown of medical science.

IV.

'Twas Chamomilla.

By HENRY MINTON, M. D., Brooklyn.

What soothed me when, in mamma's arms,
Her flowing breast lost all its charms;
And lullabys were sung in vain
To quiet down my nervous brain:
'Twas Chamomilla.

What soothed me when, a nursing child,
Dentition drove me almost wild,
And made me fret, and cry, and yell
Like any little fiend in—well:
'Twas Chamomilla

What soothed me when grim colic got
His bony finger on that spot
Just underneath my belly-band,
And pinched me with his ruthless hand:
'Twas Chamomilla.

What soothed me when that dreadful pain,
A "bottle baby's" direful bane,
Knotted my bowels into a mass,
And made my stools as green as grass:
'Twas Chamomilla.

What soothed me when that era came,
Attended with much fear and pain,
When girlhood passes far away:
When womanhood assumes her sway:
'Twas Chamomilla.

What soothed me when, a maiden fair.
I lost my lover, and the air
Grew dark and lonely as the sea,
And life not worth a "sou marquee":
'Twas Chamomilla.

What soothed me when, in "'steric fits"
I tore my wedding gowns in bits;
And vowed, by all the stars above,
I ne'er again would fall in love:
'Twas Chamomilla.

What soothed me when, in labor-pain,
I learned escape was all in vain,
And gave me strength, I do believe,
To bear the curse entailed by Eve:
'Twas Chamomilla.

Now, mother, maiden, baby dear,
Join in one loud and hearty cheer,
Prolonged, until the day you die,
In praise of Chamomilla high.

V.

Guaiacum.

By F. F. LAIRD, M. D., Utica, N. Y.

Natural Order.—ZYGOPHYLLEÆ.
Common Names.—LIGNUM SANCTUM; LIGNUM VITÆ.
Preparation.—TINCTURE OF THE GUM-RESIN.

The sixteenth century of European history was not renowned for its virtue. The age of chivalry had merged into the age of syphilis. Hence, in 1508, when the Spaniards introduced Guaiacum into Europe as the great antisyphilitic, prince and peasant alike drank the wonderful decoction, attested its healing powers, and bestowed upon it the suggestive names, *Lignum sanctum*, *Lignum vitæ*. Even Boerhaave, sagacious and cautious as he was, affirmed that Guaiacum-wood was capable of expelling the venereal poison from the system. The demand for the remedy became so great that the drug sold at the rate of seven gold crowns per pound, and the West Indies were taxed to their utmost to supply the trade. For nearly two centuries the "sacred wood" maintained its marvelous reputation; but it was doomed to follow in the train of so-called *specifics*. The baths, purgatives, and rigid diet with which the treatment was combined, the occasional failures and the imperfect diagnosis, all united to throw doubt upon the specific value of Guaiacum, *per se*. Poly-pharmacy and pure empiricism had again almost cast into oblivion a most valuable remedy. Should this paper succeed in directing your earnest attention and careful study to this much-neglected drug, its mission will have been fully attained.

The wood and the resin are both used in medicine, but the latter is by far the more eligible constituent. "Guaiacum resin has a slightly aro-"matic and balsamic odor; on being chewed, it softens and communicates "a slightly bitter and acrid taste, followed by a peculiar burning and "prickling sensation in the back of the throat. Not more than nine per "cent. of it is soluble in water; but alcohol dissolves about ninety-one per "cent., acquiring a deep brown color, and from this the resin is again pre-

"cipitated by water. It is soluble also in ether and in alkaline solutions. "The nature of Guaiacum resin is that of an acid. It forms soluble salts "with the alkalies, and is precipitated from alkalies by acids. The con- "stituents are about ten per cent. of guaiaretic acid, $C_{20}H_{26}O_4$, which "is crystalline; and about seventy per cent. of guaiaconic acid $C_{19}H_{20}O_5$, "with other subordinate matters."—*Phillips.*

It is obtained from the wood by exudation, by incision, by heat or by decoction, and is a brownish-red substance, "brittle, presenting a splin- "tery vitreous fracture, and somewhat translucent." On exposure to light, it undergoes spontaneous oxidation, and assumes the well-know greenish tint. "The ease with which the resin undergoes oxidation is its "most distinctive characteristic. . . . . Oxidizing or ozonizing agents "such as a nitric acid, chromic acid, iodine, bromine, and chlorine produce "this oxidation very rapidly and very thoroughly, the resin acquiring an "intense blue color."—*H. C. Wood.*

Physiological Effects.—In small doses, Guaiacum acts as a vascular stimulant, producing a sensation of warmth in the stomach, abundant flow of saliva (common to all *bitter* substances), with a slight increase in pulse and temperature. In larger doses, it causes dryness of the mouth, thirst, burning in throat and stomach, increases the secretion of the gastro-intestinal canal, accelerates the action and causes palpitation of the heart, promotes diaphoresis *if the body be kept warm*, or diuresis if it be cool, and favors the production and excretion of bronchial mucus. Associated with this group of symptoms are headache, loss of appetite nausea, heartburn and flatulence. "Stiffness of a rheumatic character "is felt at the same time in the nape of the neck and the small of the "back, with pains in the bones of the legs, the limbs feeling as if swelled; "darting pains, apparently of a rheumatic, neuralgic character, extend also "from the feet to the knees. The results described are further attended "in many instances by profuse perspiration, and are sometimes followed "by an exanthematous eruption and casually by ptyalism."—*Phillips.* In regard to its alleged diaphoretic properties, H. C. Wood says, "Guaiac "is believed by some to act as a diaphoretic, to do good by increasing "the elimination of the skin; but as I have not been able to obtain from "medical literature or from the exhibition of the medicine any distinctive "proof of its having such action to any marked extent, I have preferred to "consider the drug as an alterative."—*Vide Skin*, p. 669.

Pearson observed that its continued use occasioned costiveness. In excessive doses, it causes confusion of mind, giddiness, general lassitude, fainting, vomiting, purging and cramps; in short, the series of symptoms induced by an irritant poison. Hering still further observes that all excretions (urine, stool, sweat, etc) are extremely offensive.

SPECIAL ANALYSIS.

Mind.—Great fretfulness. Morose mood; he speaks little. Contemptuousness. Obstinacy.

Loss of ideas; he stands in one place, and looks in front of him without thought (at breakfast-time, while standing). Weakness of memory,

forgets what he has just read and no longer remembers familiar names.

Head, Headache.—(1.) *General Head:* Pain like a pressure in brain from below upward (at night). Dull pressive pain in head, extending obliquely upward from left side of neck to vertex, and ending in a stitch. Violent large stitches in the brain from below upward. Sensation as if brain were loose and moved at every step (in the mornings). Headache externally as if too much blood was in the scalp, and it was swollen (while sitting). Pulsating throbbing externally on the head with stitches in temples, only transiently relieved by external pressure, better when walking, worse when sitting and standing.

(2.) *Frontal:* Drawing pain from middle to frontal bone down into nasal bones. Pressure and pressive pain in forehead. Dull sticking pressure in right frontal eminence. Pressive headache transversely across forehead. Tearing externally from left side of frontal bone down into muscles of the cheek. A drawing tearing in the forepart of the forehead.

(3.) *Temporal and Parietal:* Pressive pain in right temple as with something broad. Painless pressure in left temple. Dull drawing, stitches from left parietal bone to frontal eminence where they all end in a single stitch. A pressive drawing-tearing stitch in right side of head extending toward frontal bone. Acute stitches in left side of head at junction of parietal and temporal bones. Tearing in whole left side of head.

(4.) *Occipital:* Tearing in right side of occiput. Drawing tearing in occiput and forehead.

The pains are characteristically *pressive* (with its modifications, *drawing, tearing, sticking*), and frequently *end in a stitch;* are aggravated, as a rule, when sitting and relieved by motion. In short, the pains are typical of an affection of the fibrous tissues, and are mostly *external*—a "*scalp-ache.*"

Eyes.—*Sensation of swelling and protrusion of the eyes, the lids seem too short to cover them,* with sensation as if from loss of sleep, with yawning and stretching the whole day. Hardened mucus in canthi of right eye. Pupils dilated.

Ear.—Tearing in outer margin of left concha. Earache in left ear. Tearing in left ear.

Nose.—Frequent discharge of watery substances for a month.

Face.—Red, swollen and painful for several days. Sensation as though some one struck his face with a cloth, so that he awoke with fright (in evening, when in bed). Dull spasmodic drawing in muscles of right cheek (in the morning on rising). Stitches in right malar bone. Drawing pain in left side of lower jaw ending in a stitch. Dull pressive pain in left side of lower jaw.

Mouth.—Pressure in upper back teeth when biting them together. Tearing in left upper back teeth. Flat taste in the mouth.

Throat.—Constant violent stitches in the throat from larynx to left clavicle.

Stomach.—Constrictive sensation in region of stomach, with anxiety and difficult breathing. In pit of stomach, a frequently recurring pres-

sure, with difficult breathing, oppression and anxiety. Empty eructations.

Violent hunger in after noon and evening (tonic effect of "*bitters*"). Loss of appetite and nausea for everything.

Hypochondria.—Stitches in left.

Abdomen.—Griping in a small spot to left of umbilicus. Gurgling and rumbling as from emptiness. Rumbling with dull griping, which extends more and more downward, followed by emission of flatus. Griping as from incarcerated flatus, which extends lower and lower, after which there is an emission of flatus. Pinching cutting transversely through abdomen on inspiration.

Hypogastrium.—Dull griping in lower abdomen, which constantly sinks downward and backward. Constant trembling of inner abdominal muscles of right side close to ilium. Pain in groin as from hernia.

Stool.—Thin mucus stool preceded by griping. Soft crumbly stool. Constipation.

Urinary Organs.—Stitches in neck of bladder after urinating. Cutting while urinating, as if something biting passed from him. Frequent urging to urinate, repeated immediately after urination. Constant desire to urinate, with copious emissions each time. Obliged to urinate every half hour and much at a time, after which the urging is immediately renewed, with the passage of only a few drops.

In this connection, it is important to observe that the provers who experienced the above symptoms *had no perspiration*, while those in whom the drug produced diaphoresis *were free from auy disturbance in the uninary tract.* Hence we may rationally infer that Guaiacum is sometimes eliminated by the perspiration, at other times by the urine; and that the stitches, cutting, urging, etc., are due to the acrid irritating qualities of the drug rather than to any specific action upon the mucous membrane.

Genital Organs.—(1.) *Male:* Emission at night, without, lascivious dreams.

(2.) *Female*: The leucorrhœa is aggravated.

Respiratory Organs.—Violent spasmodic inflammatory affection of the air-passages, especially larynx, with such violent palpitation of the heart, that suffocation seemed imminent. Mucus expectoration on hacking and hawking.

Sudden stuffed sensation in præcordial region, like an arrest of breathing; it often attacks her suddenly, even at night when asleep, and causes an almost completely dry cough, which is frequently repeated until there is some expectoration.

Externally, pain in chest, stitches in left side beneath true ribs, more toward the back.

Neck and Back.—Pressive pain in nape of neck on right side of cervical vertebra. *Constant, frequent stitches on left side of nape of neck extending from the scapulæ to the occiput*, on motion, as also on holding the head still.

Rheumatic stiffness of the whole left side of back, from nape of neck

down to sacrum, with intolerable pain on slightest motion or turning the part; not noticed on touch or during rest. Drawing and tearing down right side of spine, from axilla to lowest ribs. Constrictive sensation between scapulæ. Constant stitches, which, at last, become a continuous stitch just beneath right scapula, as if coming from centre of chest; aggravated by inspiration. Sticking tearing on the margin of both scapulæ, followed by constriction in the dorsal muscles. Sticking tearing on posterior margin of right scapula.

Upper Extremities:—(1.) *Right:* Sharp stitches on top of right shoulder. Violent painful stitches in upper arm, mostly in its middle. Tearing in forearm, extending into wrist. Some violent stitches in right thumb.

(2.) *Left:* Frequent drawing, tearing stitches from elbow to wrist. Painful drawing, tearing, extending from upper arm to fingers, but especially persistent in wrist. Persistent drawing or pressive tearing in left wrist.

(3) *Both:* Stretching of upper limbs, with yawning, Weakness of upper arm, as after hard labor.

Lower Extremities.—(1.) *Right:* Pain, like growing pains. Pressive drawing pain, extending from middle of thigh to knee, on stretching out the leg; disappearing on drawing it up and bending it. Crawling pressive pain in bone of thigh, extending from its middle to knee (while sitting). Dull stitches in thigh above knee. Jerking tearing from middle of thigh to knee. Painless constriction in calf. Drawing stitches extending from ankle to middle of tibia. Tearing, drawing stitches from middle of right tibia to knee. Tearing, long-drawn stitches in the leg, extending from dorsum of the foot to the knee. Pain ending in a sharp stitch in a small spot on back of foot; disappearing on motion. Some sharp stitches in right ankle, while sitting.

(2.) *Left:* Some stitches in thigh above knee, which meet on both sides. Drawing tearing from middle of thigh to knee. Bruised pain in thigh when walking in open air. Tearing, dull stitches, extending from middle of tibia to the toes.

(3.) *Both:* Drawing pain in knee, ending in a stitch.

Limbs, especially thighs, are weary as after a long walk. Tension in thighs, especially right, as if muscles were too short, with weakness while walking, worse from touch, better while sitting. Needlelike stitches in nates when walking, though mostly when sitting still, as though she sat upon needles. Tearing stitches between tibia and fibula, extending to patella, so violent that he jumped up high. Violent jerking stitches in the outer side of the calf.

In the extremities we again find the same character of pains which we observed under headache, and having their origin in the same classes of tissues.

In the lower limbs, two peculiarities are to be noted:

(1.) The right side is more powerfully affected.

(2.) A marked tendency of the pains to begin *in the middle of the thigh or leg, and extend to the knee.*

Sleep.—Restless, unable to fall asleep, tossing about the bed for two

hours in the evening. Falls asleep late in the evening, and wakes earlier than usual in the morning. Frequent waking from sleep, as from fright, or *as though he were falling.*

Unrefreshed in the morning on awaking, as though he had not slept at all. On awaking in the morning, everything seems too tight, and he tosses about the bed.

Sleep full of dreams of scientific subjects, of fights, of being pierced with knives. Nightmare while lying on the back, and awaking with cries.

Great sleepiness in afternoon. Yawning, and stretching of the limbs, with sensation of loss of sleep the whole day.

Fever.—(1.) *Chill:* Chill behind a warm stove. Chilliness in forenoon for two hours, and also in the evening before going to sleep, which even continued in bed; in the morning, some perspiration. Internal chilliness over whole body, immediately followed by heat, especially in face, without thirst (toward evening). Febrile chill in the afternoon. Shivering in the breasts.

(2.) *Heat:* Heat of whole face, with thirst, without redness and without sweat. Skin hot, especially on the hands (Hering). Emaciation and hectic fever in men of dry constitution.

(3.) *Sweat:* Some perspiration every morning. Much perspiration, especially on the head, when walking in the open air; pearly (?) sweat on the forehead. Profuse perspiration on the back at night.

Skin: Burning itching of the skin, aggravated by scratching. A hardened pimple with white tip on right eyebrow, with very sore pain when touched. A sore, painful pimple on the nose. Grumbling in skin of whole leg with a feeling of heat in it. Itching stitches, like flea-bites, in skin of thigh, especially in both sides of kneecap, disappearing on scratching. Crawling on chest. Crawling in thighs and legs, extending to toes, as though limb would go to sleep (while sitting). Corrosive itching on the back during the day.*

General Symptoms.—Weakness of thighs and arms, as after great exertion. General discomfort, with indolence and dread of motion.

GENERAL ANALYSIS.

Comparing our meagre provings with data obtained from allopathic and eclectic sources, we are now prepared to define and limit the sphere within which we may utilize Guaiacum.

ACTION ON THE VITAL POWER.

The special senses, sphincters and other involuntary muscles, as well as the power of locomotion, remain unaffected except under excessive doses. A slight deficiency in memory associated with general lassitude sums up its *direct* effect.

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* All the above skin-symptoms, except "itching stitches, like flea-bites," *occurred in the prover who sweat,* showing the irritating qualities of the drug when eliminated by the perspiration."

ACTION ON THE ORGANIC SUBSTANCE.

Here its power is far more marked. The secretions of the respiratory and intestinal mucous membranes are affected; all excretions acquire an unbearable stench (Hering). A tendency to eruptions, slightly foreshadowed in the provings, is confirmed by clinical experience. But beyond and more important than all, is its power to produce *a clear, well defined rheumatic dyscrasia*, to which the chilliness, fever and sweat are important addenda.

SPHERE OF ACTION.

Through the great vegetative nervous system, Guaiacum acts upon

I. Heart and Vascular System.
II. Fibrous and Fibro-serous Tissues.
III. Mucous Membranes.
IV. Lymphatics.
V. Skin.

I. *Circulation.*—As previously mentioned (*vide Physiological Effects*), the first effect of Guaiacum is a feeling of warmth in the stomach, with a slight increase in pulse and temperature—in a word, the drug acts as a vascular stimulant. Under small doses, palpitation is never produced. We may safely assert that this symptom is rarely, if ever, witnessed, unless the dose exceeds thirty grains, or in cases where the administration of the drug has been continued in smaller quantities for a long period. When palpitation *does* occur, it is very liable to be associated with marked inflammatory symptoms, as in Lambert's observation of the effects of a decoction of six ounces of the wood in a pint of water (*vide* first symptom under *Respiratory Organs*). As to the exact amount of the increase in temperature, we are uninformed. Clinical experience, however, would lead us to the belief that the rise was only moderate; never sufficient to warrant us in placing confidence in the drug, when the thermometer registered more than 102 degrees.

In seeking for a satisfactory explanation of *how* the congestion is produced, we derive but little aid from the provings. Observations upon the *character* of the pulse are entirely wanting. Physiological experiments by the old school have not been directed to the elucidation of this point.

If the drug had caused firm capillary contraction, like Bell., such acute observers as Hahnemann and Hartmann would hardly have failed to record its characteristic tense pulse. Again, many of the congestive symptoms occurred very soon after the administration of the drug, and hence were a *primary* effect.

From these facts we conclude that Guaiacum, like Hydrastis, *primarily* stimulates the vascular system, even up to the point of sub-acute congestion; followed, secondarily, by a paretic condition, in consequence of the too-long continued stimulation.

II. *Fibrous Tissues.*—Here lies the great centre, around which cluster *all* the pathogenetic symptoms. *There is scarcely a fibrous tissue in the*

body unaffected by Guaiacum. Under "Headache," we have already alluded to its effect upon the scalp. How shall we interpret the pains *inside* the cranium? Remember that the dura mater not only sends processes into the cavity of the skull for the support of the different parts of the brain, but is also prolonged through the various foramina at the base, *becoming continuous with the pericranium, and forming sheaths for the nerves which pass through these apertures.* Congestion of the dura mater therefore, offers a ready explanation of the internal *pressive* pains; congestion of the *nerve-sheaths* gives here, as elsewhere, the neuralgic symptom, violent stitches. Excess of blood in the fibrous tissues of the head must necessarily result in a corresponding reduction of that supplied to the brain itself; hence a slight shrinking, as shown in the "sensation, as if the brain were loose and moved at every step" (Rhus tox.).

Bearing in mind this action upon fibrous tissues, in like manner study the pathogenesis, symptom by symptom, and you will unite the scattered links into one grand chain: neuralgic and rheumatic symptoms alike will be found parts of one connected whole.

III. *Mucous Membranes.*—Anatomically, these membranes consist of an epithelial layer supported by the corium, which is analogous to the derma of the skin, with which it is continuous at the orifices of the body. The corium practically consists in a fibro-vascular layer; containing (in addition to its white and yellow fibrous tissue and vessels) muscular fibre-cells, nerves and lymphatics. "Imbedded in it are found numerous glands, and projecting out of it (in certain locations) are processes (villi and papillæ) analogous to the papillæ of the skin" (Gray).

In the provings we find Guaiacum acting chiefly upon the mucous membranes of the respiratory organs (nose included) and gastro-intestinal canal, and its power is evidently exerted not so much upon its glandular as upon its *fibrous structure.* In all probability, its primary action is to produce hyperæmia of the fibro-vascular layer, resulting in an obstruction to glandular secretion, and consequent dryness of the membranes, followed, secondarily, by an *increased* secretion, as seen in the discharges from the nose, bronchial tubes, and gastro-intestinal canal. So far as the proving shows, *the secretions are all scanty.*

IV. *Lymphatics.* All writers admit that Guaiacum *has* cured syphilis. If this be a fact, the drug *must* act on the lymphatic glandular system, which is the great feeder of the disease. Says Burt (*Physiological Materia Medica*, Article "Mercurius:" "Notwithstanding the blood "is contaminated most thoroughly with this malignant poison, it is *not* a "blood disease, but is located in the *lymphatics* and *organic nervous sys-* "*tem*, the blood making organs. The *centre* and *habitat* of this poison "is in the *lymphatic glandular system*, and not the blood. Through this "system it poisons and destroys every organ and tissue in the human "frame, by constantly manufacturing the virus, and giving it to the blood, "where it is distributed to every tissue in the body." Here, in this lymphatic system, *the fountain of nutrition*, must every anti-syphilitic meet and combat the poison. Here Mercury and Kali hyd. have won their grandest laurels.

The offensive odor of all the excretions must likewise find an explana-

tion in perversion of the functions of the lymphatics, since we certainly have not the slightest proof of blood decomposition to account for it.

V. *Skin.*—We have every reason for believing that here, as elsewhere the drug exerts its chief power upon the fibrous structure. A tendency to congestion of the papillary layer is evinced by the presence of pimples. We should, therefore, infer that the remedy was more especially adapted to skin eruptions of the papular class, *which form the type or basis of all syphilitic eruptions.*

To what extent the drug acts upon the sweat-glands is a matter of doubt. We notice in the provings, however, that perspiration only occurred under the favoring influences of warmth (of the bed) and exercise, and King tells us that it acts as a diaphoretic *when the body is kept warm.* These facts substantially confirm Wood's observation. On the other hand, Phillips affirms that its action is sometimes attended by *profuse perspiration.* We shall probably not be far from the truth in saying that its effects depend upon the idiosyncrasy of the prover, in some cases producing diaphoresis; in others, diuresis.

SENSATIONS.

The pains are characteristically *pressive*, *drawing*, tearing, stitching, or sticking; *often ending in a stitch*, especially in head.

Constrictive sensations are felt in epigastric region, between scapulæ and in calf of leg. Stiffness in back, and tension in various localities.

Peculiar sensation in nates, as if sitting on needles.

Feeling of general discomfort, with dread of motion.

PERIODICITY.

The symptoms almost all appear while sitting, mostly in the morning, immediately after rising, or in the evening, shortly before going to sleep; a few from 9 to 12 A.M.

PECULIARITIES.

The frequency with which stitches are associated with the characteristic pains distinguishes Guaiacum from all other remedies acting upon fibrous tissues. The scalp pains ending in a stitch. The inconstancy of relief from motion, placing the remedy in the gap between Bryonia and Rhus. The unbearable stench of all excretions (urine, stool, expectoration from bronchial tubes, night sweats, etc.) (Baptisia). Frequent awaking from sleep *as though patient were falling.* (This symptom has been verified by Dr. L. B. Wells, of Utica, N. Y. Compare Phos. acid).

COMPARISONS.

In its action upon fibrous tissues, Guaiacum is closely analogous to *Bryonia*, *Rhus*, *Rhododendron*, Kali hyd., Mercurius, Mezereum and Phytolacca.

Bryonia affects also the *muscular* tissue; hence aggravation from motion is a *sine qua non.* The *slow* stitch and the *drawing*, *contractive* pains are far more pronounced in Guaiacum.

Rhus differs in not possessing so markedly the *stitching* pains, and in

the universality of its *relief* from motion. While Rhus sometimes has aggravation on *first beginning to move*, *Rhododendron* has *immediate* relief by motion.

Kali hyd. and Mercury show a more marked affinity for the *periosteum*, the former producing thickening and nodes, the latter causing violent inflammatory pains at night.

In Mezereum the grand centre of action is in the *connective tissues*, and the characteristic pains are *flying stitches*.

Phytolacca, like Guaiacum, affects the periosteum, sarcolemma and the sheaths of the nerves; but its especial sphere seems to lie in the fibrous tissues covering the bones and nerves.

PRACTICAL APPLICATIONS.

Guaiacum is especially adapted to complaints founded on a rheumatic or rheumatico-syphilitic diathesis. Headaches: Rheumatic or gouty. Rhododendron has similar drawing and tearing in the periosteum of the cranial bones, aggravated by rest, and in the morning, ameliorated by exercise; but is distinguished by its relief from *wrapping up the head warmly*, and by the absence of the stitching pains.

Rhus has tearing stitches in the head extending to the ears, root of nose, and malar bone, with toothache, and "brain feels loose when stepping or shaking the head;" but differs in the characteristic *feeling as if a board were strapped across the forehead.*

Mercurius presents tearing, stitching pains in the cranial coverings, but the *marked aggravation at night and from the warmth of the bed is always present.* The *Bryonia* tearing headaches are always aggravated by the *slightest* motion.

Migraine.

Rheumatic neuralgia involving side of head, face, and neck, with sensation as if the bloodvessels were overfilled.

Eyes.—The sensation of swelling and protrusion of the eyes so well marked under this drug strongly suggests its use in rheumatic and syphilitic ophthalmia. Compare Bell., Merc. corr., Kali iod., Rhus tox.

Ears.—Hering (Condensed Materia Medica) gives: Painful dragging and tearing in left ear; spasmodic earache. Remember in rheumatic and syphilitic patients.

Face.—The red, swollen and painful face may hint at facial erysipelas of the smooth variety; but much more strongly does it suggest the erythematous blush preceding the outbreak of the secondary syphilitic eruption. Hering adds the clinical symptoms, "face looks old."

Mouth.—Stomatitis, especially when associated with a similar inflammation in the throat (secondary syphilis).

Throat.—Violent burning and prickling in the throat, with thirst and dryness of the mouth; constant violent stitches in the throat from larynx to left clavicle.

Says Bartholow: "Recent clinical experience has shown the Guaiac "is a capital remedy in tonsillitis. Given in a half drachm dose (tinc-"ture) every four hours, it appears to abate the inflammation, and cut "short the disease in a remarkable manner." When we reflect that the

tissues most usually and chiefly involved in tonsillitis are the fibrous, we can readily see that the drug acts homœopathically. Dr. J. H. Garner, of Canada, employs Guaiacum "in all varieties of laryngitis, acute and chronic, in pharyngitis, commencing tonsillitis," etc. (*Napheys's Medical Therapeutics*, p. 176). Clergyman's sore throat and the hoarseness and sore throat in young ladies so commonly connected with menstrual troubles are also said to yield to the doctor's gargle. When a remedy is composed, as in this case, of several ingredients, we may perhaps be forgiven if we inquire, *which one cured?* Was it the tinct. guaiaci ammon., the liq. potassæ, the tinct. opii or the aqua cinnamomi?

The drug has also been used internally and as a gargle in diphtheria; but its utility is more than questionable. Rheumatic and gouty sore throat (*vide Mackenzie's Larynx, Pharynx, and Trachea*). "Guaiacum, as a gargle in all varieties of sore throat, hoarseness, etc., is a remedy of ancient and acknowledged repute."—*Napheys.*

Gastric Symptoms.—Flat taste, food does not taste right; thick white, fur on tongue; nausea from sensation of phlegm in the throat; every morning vomits a watery phlegm, with great exertion; frequent empty eructations; after eating without appetite, she gets sick; burning in stomach and abdomen; cramps and pains in the stomach; constrictive sensation or frequently recurring pressure in epigastrium (*two very common sensations in remedies acting upon* fibrous tissues; *vide* Bell., Bry., Rhus, Rhod., Sulph., etc.), with anxiety and difficult breathing; desire for apples, which relieve the gastric symptoms.

Abdomen and Stool.—Gurgling and rumbling in abdomen, with griping as from incarcerated flatus *which extends lower and lower until flatus is emitted*; pinching and cutting transversely through abdomen on inspiration. Trembling in inner abdominal muscles. *Inguinal hernia.*

Constipation, with hard crumbling stool, which is very offensive.—*Hering.*

Diarrhœa commencing in the morning; skin dry, chilly.—*Hering.*

Cholora infantum with emaciation, the face looking like that of an old person.—*Hering.*

Thin mucus stool. It is used in acute dysentery, in "which its employment is said to be followed by speedy beneficial results."—*King's Dispensatory.*

These stools must all be accompanied by the characteristic griping pain, as before described.

Urinary Organs.—*Fetid urine* (*Hering*).

Dr. John N. Upshur, of Va.; has successfully prescribed Guaiacum tincture (one drachm, twice daily) in hæmaturia (Napheys' *Medical Therapeutics*, p. 371). We are not told, however, from whence the blood proceeded, or the character of the hæmorrhage (active or passive). We, nevertheless, infer from the interval between doses, that the hæmaturia was passive. In such a case Guaiacum would prove curative by stimulating the engorged and half-paralyzed vessels.

Does the drug *ever*, like Kali iod., act upon the mucous membrane of the kidneys to produce congestion and albuminuria? This is an interesting question for the careful clinical observer to answer.

Female Sexual Organs.—The wonderful results obtained from the remedy in the treatment of subacute and chronic ovaritis have already been called to your attention by Dr. M. O. Terry, in an able paper (*Transactions of the Homœopathic Medical Society of the State of New York*, vol. xviii. 1883.) Two cases of my own confirm its curative powers. The *modus operandi* finds an easy explanation in the anatomy of the structures involved. The extremely dense and *fibrous* tunica albuginea incloses a peculiar soft *fibrous* stroma rich in blood-vessels. Imbedded in this stroma are the Graafian follicles, vesicles, or ovisacs. "Each vesicle "consists of an external *fibro*-vascular coat connected with the surrounding stroma of the ovary by a network of bloodvessels, and an internal "coat, named ovi-capsule, which is lined by a layer of nucleated cells "called the *membrana granulosa.*"—*Gray.*

Ovaritis may be follicular or interstitial, in either case involving a *fibrous* structure, *which is markedly congested.* Guaiacum presents two grand requisites necessary to overcome this condition, viz: (1) a stimulant to the engorged vessels; (2) a special action upon fibrous tissues; and in addition tends to correct the resulting faulty nutrition by its power over the lymphatic system. In view of the remark of Professor Cleveland, of Galway, "Quite remarkable are the effects of Guaiac in ovarian affections of inflammatory origin," coupled with our own observation, I may, perhaps, be pardoned in still further claiming for the drug *a specific effect upon the ovaries.* We have used the remedy in ten-grain suppositories, introducing one, morning and evening.

Its power, as a vascular stimulant, has also led to its efficient employment in amenorrhœa and dysmenorrhœa due to atonic conditions of the uterine system. Wisely did Bartholow write: "Guaiac is a useful "remedy in dysmenorrhœa when the pain is due to *rheumatism* (italics are "mine), or neuralgia;" and well does Atkinson confirm him in the following words: "Guaiacum is often productive of the greatest benefit. The "*tinctura guaiaci ammoniata* is especially serviceable. In ovarian and "rheumatic forms it deserves to be called a specific."—*Therapeutics of Gynæcology and Obstetrics.*

In membranous dysmenorrhœa it has also been successfully used.

Male Sexual Organs.—The well-attested power of the drug over inflammation of the ovaries suggests the probability of a similar action upon their male analogues, the testes. It should certainly prove valuable in rheumatic orchitis and simple sarcocele (chronic orchitis).

In its early history, Guaiacum was used and lauded in *all* stages of syphilis, and in all classes of patients. Our provings, however, show its sphere of usefulness to be limited. Inasmuch as no prover has subjected his blood to analysis, we cannot say whether it presents any such changes as are found in the early stage of syphilis. Certainly, we cannot rank the drug with Mercury and Kali iod. in universality of action. Its starting point being in the fibrous tissues, we should naturally infer its especial adaptability to syphilis affecting these structures, and producing syphilitic rheumatism. Above all, would it be applicable when the poison was *engrafted upon a rheumatic diathesis.* "Persons with a tendency to rheumatism are apt to have the same tissues involved in syphi-

"litic lesions as if they suffered from rheumatic inflammation. Hence, "syphilis is often set down as a cause of rheumatism. The serous, fibro-"serous, white connective tissues are the sites of the lesion in the forms of "*periostitis, iritis, corneitis* and affections of the true skin" (Aitken's *Science and Practic of Medicine*). Within the last few years, many physicians of the old school have strenuously urged the restoration of Guaiacum to its old-time honors. Among them, Dr. Alexander McBride of Cincinnati, has met with excellent results; the patients showing a steady improvement. He administers the drug in pill form (*vide*, Napheys' *Surgical Therapeutics*, p. 588,) and claims that the treatment "applied to secondary and tertiary, is excellently adopted to external "or cutaneous manifestations, and may be carried on without other "medicines."

Its chief sphere of usefulness undoubtedly rests in the secondary period, including the sore throat, fever and papular eruptions.

Respiratory Organs.—In regard to the first symptom given under this heading (*vide Special Analysis*), Hempel and Arndt write: "This obser-"vation may be made available in the treatment of laryngitis and trach-"eitis when this affection develops itself suddenly, in consequence of a "metastatic shifting of the inflammation from some external part, more "particularly from the lower extremities to the respiratory organs. The "presence of palpitation of the heart furnishes an additional indication in "such a metastatic rheumatic inflammation."—*Vide Throat*, p. 98.

Dry cough, day or night; relieved by detaching and raising a little mucus—in patients suffering from the characteristic rheumatic symptoms.

Chronic pulmonary catarrh, even simulating phthisis, beginning as a metastasis, or extension of rheumatism or gout to the fibrous portion of the bronchial mucous membrane, with expectoration of blood and fetid pus (*vide* case reported in *Hempel* and *Arndt*).

The symptom, "stitches in the left side," has been found valuable in treating phthisis in the stage of suppuration and softening.

Heart.—Sudden stuffed sensation in præcordial region like an arrest of breathing; it often attacks her suddenly, even at night when asleep, and causes an almost completely dry cough which is frequently repeated until there is some expectoration.

This symptom strongly points to a rheumatic irritation of the heart, and may prove of great value in metastatic cardiac difficulties.

Hering also gives "Pulse soft, small, accelerated" (a *secondary* symptom).

Back and Extremities.—In rheumatism, especially of the neuralgic variety. Guaiacum is invaluable. Many an anomalous case, which has resisted a *battery* of the most carefully selected remedies, will often yield like magic under its use.

The markedly *drawing* nature of the pains first suggested it in arthritis deformans, where it divides the honors with Causticum, while in "growing pains" it shares the palm with Phos. acid.

The great stiffness in the back (dura mater of the cord affected) has been abundantly verified.

In sciatica dependent upon thickening of the fibrous nerve-sheath, it

ranks with Rhus and Phytolacca. Two cases, in my own practice, have verified the claim.

In lumbago it is sometimes curative, but, as a rule, is far inferior to *Rhus* or *Bryonia*.

Not only in chronic, but also in the declining stage of acute rheumatism, the drug has proved a most valuable agent. The joints are swollen, painful and intolerant of pressure; patient can bear no heat (opposite, *Rhus*); fetid urine.

A feeling of heat in the affected limbs will often serve to distinguish Guaiacum from its rheumatic analogues.

The emotional symptoms of great fretfulness, moroseness and obstinacy accord with its well-known value in gout, especially its power of promoting the evacuation of gouty abscesses.

Hering further speaks of its use in caries and spongious affections of the bones, very sensitive to slightest touch.

Skin.—In addition to its power over syphilitic eruptions, the remedy has occasionally done good service in papular eruptions of rheumatic patients.

Many symptoms likewise indicate its homœopathicity to *miliaria* ("miliary fever," "sweating sickness," "sudatoria," etc.).

Generalities.—Guaiacum antidotes the ill effects of Rhus tox. tincture (King's *Dispensatory*).

Useful in mercurial rheumatism and bone-pains. Especially adapted to old women, and to patients with dark hair and eyes.

Relationship.—"The action of Guaiac is much aided by external warmth and diluent drinks" (Bartholow). Has proven useful after abuse of mercury in rheumatism, gout contraction; antidoted *Caustic.*, which had much increased the contraction of limbs in a rheumatic patient (Hering). Is antidoted by Nux.

Followed Sulphur well in cholera infantum (Hering).

VI.

Ammonium Muriaticum.

By F. F. LAIRD, M. D., Utica, N. Y.

Synonyms.—Hydroclorate of Ammonia, Chloride of Ammonium, Sal Ammoniac, Salmiac.

Preparation.—Trituration or aqueous solution.

The Chloride of Ammonia as now commonly prepared, is the result of heating together Chloride of Sodium and the Sulphate of Ammonium, the latter being obtained from ordinary gas-liquor by the addition of Sulphuric Acid. It is a snow-white salt, volatile, inodorous, and of a cooling, strongly saline taste; soluble in three parts of cold and in one part of boiling water, its solution being attended with the development of

much latent heat, and a corresponding decrease in temperature. Its comparative insolubility in alcohol (1 part to 55) renders it unfit for use in the ordinary homœopathic dilution.

Physiological Effects.—Ammonia and its salts temporarily quicken the heart's action and the capillary circulation, stimulate the nervous system and the respiratory centres in the medulla. Most of the secretions, such as those of the skin, kidneys and bronchial mucous membranes are increased. Liquor Ammonia Acetatis has a special action on the skin and kidneys the Carbonate on the lungs, the Chloride on the liver and kidneys (Stewart, Rutherford). The pulmonary and biliary secretions are rendered more fluid, the cholagogue action of the Chloride being especially well marked (Phillips).

In toxic doses, the corpuscles are changed; they no longer contain the normal quantity of oxygen and even refuse to absorb it when shaken up with the gas. By long continued use, the digestion becomes impaired, the corpuscles pale and wasted as after typhoid fever; the plasticity of the blood diminished and, finally pallor and emaciation ensue as a result of the excessive waste of tissue induced by all alkalies. While the general nervous system is stimulated by *medicinal* doses of the Ammonia salts, the special effect of large doses is exerted on the motor track of the spinal cord which is stimulated much in the same manner as by Strichnia, *i. e.* reflex excitability increased and convulsions of spinal origin followed by prostration and a partial paralysis of the hinder legs of animals.

Having taken this cursory glance at the action of the ammonia compounds as a class, we now come to the study of the specific effects of the Chloride.

"Chlorid of Ammonia has the stimulant properties of Ammonia and "probably differs little in its physiological powers from the Carbonate.but "it is believed by many to be less fugacious in its action and to be less "stimulant to the circulation than is the latter salt."[1] "The direct effect "of doses of from five to twenty grains of this salt repeated at intervals of "several hours, are a sense of oppression, warmth and uneasiness in the "stomach, some fullness of the head and an increased tendency to urinate. "If it is used for many days together in full doses,it disturbs the digestion, "coats the tongue and impairs the appetite; it may even occasion gastric "pain, vomiting and diarrhœa. Its prolonged use is said to cause emacia-"tion. The idea which has appeared chiefly to direct its use in medicine "is that it tends to render all the secretions freer and more abundant while "it, at the same time lessens the plasticity of the blood; in other words, "that its operation is, in some respects, analogous to that attributed to "Mercury. Its efficacy in certain cases of neuralgia would appear to "point to another mode of operation; those, cases, namely, which are "apparently pure neuroses,and not painful conditions of the nerves due to "presure upon there by the neurilemma or by the periosteum of bony "canals."[2] When used in such excessive doses (half an ounce per day) as were formerly employed in the treatment of prostatic and other glandular enlargements, the drug is prone to add a miliary emption, profuse sweats

1 U. S. Dispensatory.
2 *National Dispensatory.*

and scorbutic symptoms to the effects already mentioned. Applied in a solid form or in concentrated solution, it acts as an irritant to raw surfaces and mucous membranes.

The more generally received view that the Chloride exerts a sedative action upon the heart while it increases the capillary circulation is called in question by Wood[3] who "has never been able to perceive that the Muriate of Ammonia given in ordinary doses, has any decided influence upon the circulation." The same author also doubts the ability of the drug *in any dose* to produce lethal poisoning, and states that a patient of Oesterlen took two ounces of the salt without experiencing any more serious results than colicky pains and some diarrhœa. *Per contra*, Phillips[4] writes: "The full effects of Chloride of Ammon-"ium are not often exemplified, but in the case of a lunatic who "swallowed a large (unknown) quantity, there were vomiting, giddiness, "shivering, depression, delirium, convulsions, and later, collapse so com-"plete as to simulate death; recovery was effected with galvanic and "other powerful stimuli; and then tetanic spasms came on." However much, therefore, we may question the power of the drug to produce fatal poisoning, all authors agree that it may cause very dangerous symptoms. According to various authorities, the remedy given in full doses for a lengthy period, lessens the plasticity of the blood and impairs its constitution. "One case of profound and otherwise inexplicable prostration and "typhoid condition which occurred in a patient who was taking nearly a "half ounce of Muriate of Amonia *per diem* has come under my own notice; "and Dr. Isham reports a case in which an eruption of bloody blebs with "hæmaturia; hæmorrhages from mucous membranes and great prostration was apparently produced by the prolonged use of the salt.[5]" Böcker and "Arnold both prove by experiment that the drug impoverishes the blood causing a notable decrease in its solids; it also delays the coagulation of the blood and when added to it with excess of air, renders or keeps it red as do other Chlorides.

While enormous doses are required to produce toxic symptoms in man, its influence over the lower animals is apparently more powerful. Two drachms of the salt applied to the wounded thigh of a dog caused death in from twelve to thirty-six hours (Dr. Smith). The same quantity in aqueous solution injected into a dog's stomach produced violent convulsions with great tetanic rigidity and finally death (Orfila). Thirty grains has killed a rabbit in ten minutes (Arnold). On the other hand, Dr. Rabuteau in his resent experiments injected half a drachm into the veins of a dog without apparent effect "whilst one drachm only produces "muscular weakness deepening into temporary paralysis of the hind legs, "vomiting without diarrhœa and general prostration for four or five "hours."[6] On the mucous membrane of the alimentary canal it appears to "act by increasing the secretion of mucus, while it renders the blood less

3 Materia Medica, Therapeutics and Toxicology.

4 Materia Medica and Therapeutics.

5 *Wood, loc. cit.*

6 Wood, loc. cit.

"coagulable, without, however, impairing the constitution of the cor-"puscles."[7]

Unlike the other salts of Ammonia, the Chloride does not readily decompose in the system; it is excreted chiefly through the kidneys, to a less degree in the saliva and in small quantities by the skin (Phillips). Being an alkali, we should naturally infer that it would render the urine alkaline; yet H. Beuce Jones finds that even large doses of Ammonia "far from increasing the alkalinity of the urine seem at times to heighten "its acidity. This is due to oxidation of the Ammonia producing Nitric "Acid which appears in the urine after the exhibition either of the Ammo-"nia itself or of its Tartrate, Carbonate or Muriate."[8] The oxidation, however is far less marked in the Muriate than in the other salts. Says Parks:[9] "Whatever may be the case with the liquor Ammoniæ and the Carbonate, "it seems from Neubauer's experiments, that the Muriate of Ammonia is "not oxidized but passes out unchanged by the urine; for 9.957 grammes "were recovered from the urine of a patient who had taken 10 grammes in "five days. Others, however, (G. Scott) have recovered very little Ammo-"nia." Oxidation of tissue is increased and temperature raised under the action of the Chloride. "According to Böcker, it increases all the con-"stituents of the urine except the uric acid which it slightly diminishes. "The mean daily increase of the urea in these experiments was 4.793 "grammes or 74 grains—an amount which indicates a vast augmentation "of metamorphosis or of elimination (confirmed by Rabuteau). * * "The volatile salts and extractives were increased by no less than 18.959 "grammes or 292 grains which was no doubt partly owing to the presence "of the volatile Chloride of Ammonium."[10] Those who believe in the chemical theory of fever find a ready explanation of the rise of temperature produced by the Chloride as contrasted with the decreased temperature under the action of the other Ammonia salts.

SPECIAL ANALYSIS.

HEAD.—(*a*) *Sensorium.*—Head confused and dizzy in the room, better in the open air. Vertigo as if she would fall to one side; worse during motion, passing off in open air. Giddiness and fullness of the head as if it were very heavy.

(*b*). *Headache*—.(1). *Frontal.*—Violent throbbing toward evening lasting one hour; worse touching forehead; with weakness so that he was scarcely able to walk and chills on going to bed. Heaviness accompanied by a feeling of internal heat and a little sweat. Pressure with sensation of heat, after an uneasy night. Downward pressure in forehead toward root of nose with sensation as if brain were torn, early after rising. Painful boring early after rising and almost during the whole day. Sudden fine stitching in left side of forehead of long duration, in afternoon.

(2). *Vertex.*—Headache on top of head as if head were broken in two.

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7 National Dispensatory.

8 Wood, art. Ammonia.

9 On Urine.

10 Parkes loc. cit.

Stitches in vertex with sensation as if brain were bursting, mornings. Stitches when stooping.

(3). *Right Lateral.*—Sudden tearing pain from below upward in right temple, forenoons. Painful tearing in right temple and down into side of face. Fine tearing extending upward in right temporal bone, during menstruation. Glowing heat on right side of head every evening. Painful tearing in upper right side of head when sitting.

(4). *Left Lateral.*—Painful twitches from below upward in left temple. Burning pain and sometimes stitches in left temple both when at rest and when masticating and sneezing; no increase in pain when parts are touched. Violent stitches in left temple. Fine stitches in left side of head, forenoons.

(5). *Occipital.*—Occiput feels as if compressed with a vice; this symptom afterwards manifests itself in both sides of head, accompanied by excessive ill humor. Pinching pain in left side of occiput at a small spot, forenoons.

(6). *General.*—Heaviness and fullness in head, especially soon after rising.

(*c*). *Organic Changes.*—Itching pimples on right side of occiput in the evening; at night they pass off. Itching of hairy scalp forcing him to constantly scratch.

The above symptoms picture two distinct species of headache. One is congestive as expressed in the throbbing, pressure, heaviness and vertigo and is especially located in forehead, vertex and general head; the other, nervous or neuralgic, is expressed by the tearing, stitching, vice-like feeling with occasional twitching of the muscles and manifests itself particularly in the lateral region, less markedly in the occiput. Of the congestive variety, the frontal and diffused headaches will be found associated with derangement of the digestive apparatus, especially of the liver, stomach and intestinal canal, and also with catarrhal affections of the respiratory tract; the vertex pains point unerringly to the reproductive organs of the female. The neuralgic headaches may be reflex (symptomatic) or idiopathic.

Aggravation in the morning soon after rising, toward evening, when sitting and during menstruation. Amelioration in the open air.

EYES.—(1). *Orbit.*—Very painful sensation as of hammering over margin of right orbit or as if a large body were pushing there (catarrh of frontal sinus?)

(2). *Lids.*—Slight twitching in lower eyelids, especially left, during whole proving.

(3). *Conjunctiva.*—Eyes become weak, glassy, watery. Redness of white of eye and itching of the eyes. A vesicle in the white of the eye. Pain in eyes. Eyes burn in morning after rising if she looks at the light. Burning of eyes in evening and closing thereof as from sleep—disappeared as soon as light entered the room. Eyes are burning for several evenings only at twilight; ceases as soon as light enters the room. Eyes burn at night with profuse lachrymation. Violent burning in right eye, which continues long in the open air. Tearing in upper border of right eye, first made worse, then improved by pressing upon it (afternoon while

sitting). Burning in the canthi so that she cannot look at the light, disappears after washing (mornings). Eyes burn like fire in the canthi.

(4). *Globe.*—Tearing in upper border of right eye, first made worse, then improved by pressing upon it (afternoon while sitting). Twitching of left eye, she must rub a long time before it disappears. Tearing in external canthus. Tearing in eyeballs. Twitching in left eyeball without any in the lid—disappears after rubbing.

(5). *Secretions.*—Lachrymation early after rising. Agglutination of the eyes early on awaking with burning in corners, after washing.

(6). *Vision.*—Mist before the eyes, in the open air she distinguishes nothing, either far or near, even in the light of the sun; in the room she sees better. Dimness of eyes with mist before them for several mornings, passing off after washing. Sensation in left eye as if a body were rising before it, preventing her from seeing (forenoon). Yellow spots as large as a penny everywhere before the eyes when sewing and when looking out the window into the garden.

Again we meet with a combination of congestive and nervous phenomena. Under "conjunctiva" is a long array of symptoms, pointing unmistakably to catarrhal conjunctivitis. The marked *burning in the eyes especially in the canthi*, deserves the most careful attention. The amaurotic symptoms may likewise arise from conjunctivitis, or accompanying the hemicrania; but the yellow spots before the eyes strongly hint that the liver may play an important part in their production. Aggravation, *in morning after rising*, in open air (an exception), *toward evening*. Amelioration by rubbing (twitching in eyeball) and by pressure (tearing in eyeball).

EARS.—Itching in both ears, not passing off by scratching, with discharge of liquid wax for several days. Grumbling and thundering noise in right ear when sitting, also at night, with pulsative beats. Stitching pain in and around ears.

The discharge of liquid wax illustrates the power of the drug to render the secretions more fluid.

NOSE.—Sensation in upper part of nose as when a cold is approaching. Obstruction with frequent sneezing and crawling in the throat. Constant itching in nose with desire to blow it, and sensation as if a large body were sticking high up in nose with obstruction. Clear, acrid water runs out of nose, corroding the lips. *Nose sore on inside and around margin of nostrils.* Loss of smell with coryza. Bleeding from left fossa, relieving the itching. Coryza at one nostril, out of which runs a quantity of thick, yellow matter, accompanied by tearing in cheek bone and teeth of left side. Pain as from ulceration in left nasal fossa. Swelling of left side of nose and next day bloody crusts discharge. On blowing the nose some brown blood with the mucus. Bloody froth from nose and mouth.

FACE.—(1). *Right.*—Twitching pain in right upper part of face at a small spot; feeling of it causes its disappearance, and on drawing away the fingers the pain is renewed. Tearing in right malar bone and up into temples (forenoon). Repeated tearings in right facial bones (evenings while sitting).

(2). *Left.*—Violent painful tearing in left malar bone.

(3). *General.*—Face very pale. Swelling of cheek with enlargement of a gland below right angle of lower jaw with a throbbing and lancinating pain. Heat in face with burning for half an hour in the room, going off in the open air.

(4). *Organic Changes.*—Eruptions on face. Vesicles without any sensation upon left side of face. Herpes, dry and tettery.

Observe how closely the pains of the face correspond with those of the lateral cranial region; how accurately they picture the hemicrania and neuralgic symptoms for which our allopathic friends have found the remedy so efficient.

Lips.—Contracted and feel greasy; burn like fire. At times burning stinging in upper lip. Excoriated spots on right side of upper lip, with burning soreness. Chapped lips. Dry and wrinkled lips; they become chapped and she had to moisten them constantly with her tongue. Lips cracked and corners of mouth ulcerated. Itching pimples and blisters (the latter becoming inflamed and ulcerated) on upper lip.

The property of producing dry, cracked lips with blisters and vesicular eruptions may be regarded as a family trait of the Chlorides, the Sodium and Ammonium salts possessing it in the highest degree.

Gums and Teeth.—Swelling of gums of left lower row by last back teeth, with stitches up to left temple. Drawing in lower jaw. Tearing toothache. Pain in a decayed root, ceases when pressed upon with the finger. Stitching pain in upper incisors.

We notice a slight tendency to the development of the scorbutic symptoms mentioned on page 104; but far less marked than in the Chloride of Ether, Sodium, or Magnesia.

Tongue.—Coated white. Tongue and mouth coated with a white mucus coat like false membrane. *Vesicles which burn like fire at tip of tongue.*

Taste.—Bitterness of the mouth the whole day. Bitter early in morning with bitter eructations, passing off after eating. Disagreeable, with collection of water in the mouth. Pappy taste after rising. Sour taste.

The first two symptoms under this rubric indicate an action upon the liver, of which we shall subsequently speak *in extenso*; the last three point to gastric derangement.

THROAT AND FAUCES.—(1). *Sensations.*—Dryness in throat. Roughness passing off after dinner. Throat sore, raw, with stinging both during and between acts of deglutition; also when yawning. Severe throbbing in glands of neck without the glands being either inflamed or swollen, accompanied by flushes of heat and want of air in the throat. Sensation of throbbing in the tonsils which are not swollen, with uneasiness and oppressive anxiety. Swallowing almost impossible.

(2). *Organic Changes.*—External and internal swelling of neck with pressive pain when swallowing and drawing and stinging pains in the highly inflamed submaxillary glands. Swelling of cervical glands. Sticky phlegm in throat difficult to raise or swallow. Hawking of phlegm early in the morning.

We would call especial attention to the throbbing of the glands without swelling as a symptom especially characteristic of the drug. This pri-

mary increased circulation results finally in those glandular enlargements over which the remedy has such a wonderful power.

Eating and Drinking.—Appetite lost. Much thirst especially evenings. After eating; beating in breast near œsophagus with heat of face and restless mood.

Nausea and Vomiting.—Frequent hiccough with violent stitches in left breast. Eructations empty, bitter or tasting of food. Regurgition of food; of bitter, sour water. Nausea with water brash after eating, with shudderings. Disposition to water brash and great qualmishness even unto vomiting, with sensation in stomach as if everything were turning around (on walking in the open air); relieved by eructations (forenoons); also afterwards while sitting, he must go into the open air where it soon dissappears. Nausea with pressure in stomach. Nausea relieved by eructation, and in the open air.

Stomach.—Burning from stomach toward pharynx like heartburn. Burning and pressure changing to stinging. Heat in stomach. Fulness with oppression without shortness of breath; this symptom lasts whole afternoon and is relieved neither by rest, motion nor eructations. Grinding and writhing passing off after breakfast. Gnawing or grinding as the stomach contained worms. Stinging and burning in epigastrium, from thence to right axilla and into muscles of right upper arm. Frequent drawing sensation. Empty feeling not relieved by eating, with repugnance to food. Sensation as from fasting, yet fulness in stomach, worse after breakfast.

The three foregoing rubrics well illustrate the irritant effect of the Chloride upon the mucous membranes; while the bitter eructations again remind us of its action upon the liver. The gastric symptoms show a tendency to aggravation in the morning after breakfast and while sitting; relief in the open air.

Hypochondria.—Long continued, occasional pinching as with two fingers in both hypochondria, both when at rest and in motion. Stitches and burning in region of right ribs in afternoon, when walking. Occasional stitches in right hypochondriac region when spinning. Splenetic stitches even when sitting.

These suggestive symptoms will be more fully considered under Glands, p. 118 *et seq.*

ABDOMEN.—(1). *Flatulent Symptoms.*—Cutting, shooting or grinding pain around navel. Rumbling with frequent emissions of flatus. Weight in abdomen as of a load with anxiety as if abdomen would burst—passes off during sleep. Pinching in abdomen at every inspiration, passing off by expiration. Pinching, griping and movements in the bowels without sensation of flatus. Pressure in left side of abdomen as with the hand. Stitches in left side of abdomen over hip, when sitting and when stooping. Pressive tension in left side near ring as if something were pressing out. Pain in both groins like severe gripings, afterward extending to navel and disappearing after a few evacuations.

(2). *Reflex Pelvic Symptoms.*—Pinching in groins and all around abdomen as before mensturation (early after rising). Cutting and stitches in both groins with urging to urinate every half hour, in the evening.

(Hering gives this symptom thus: "Cutting and stitches from both os pubes to small of back with urging to urinate, evenings.") Tearing and tensive pain in groin when walking. Distension with a tensive sensation and grinding in right groin. Indescribably vehement pain in right groin, often extending to hip and small of back. Stitches in right groin, coming out behind hip when sitting. Sensation of distension of left groin which becomes somewhat painful on sitting. Pain as from a sprain in the left groin obliging him to walk crooked. Ulcerative pain in left groin only when walking.

The drug not only produces an irritation of the intestinal mucous membrane with copious flatus, but also seems to increase the peristaltic motion. Under (2) are grouped those symptomes so often found in affections of the genito-urinary tract of both sexes, but especially of the female. The tendency of the Chloride to produce reflex contraction of the contiguous abdominal muscles is seen in the tensive sensation, pressure of abdomen as with the hand, and in the well attested clinical symtom, "must walk bent with uterine displacements." Perchance an irritation of the lymphatics may also be present to explain the pains in the groin. (*Vide* 330).

Stool.—Hard, crumbling, scanty (common to the Chlorides). First part solid, second part soft with straining (during menses). Hard stool covered with mucus. Glassy, tough mucus in the stools. Soft stools preceded by colicky pains.

Soft yellow stools with great urgency, followed by tenesmus and burning in rectum. Green slimy stools in the morning. In the morning slight diarrhœa whereupon abdomen becomes internally sore and pains as if beaten.

The primary effect of the drug is to produce constipation.

Rectum and Anus.—With burning in rectum during and after expulsion of soft stools. Itching soreness of rectum, several pustules being formed near to it. Much burning in anus during soft stool. Increases or produces hemorrhoidal flux.

The stools are evidently very irritating, probably from admixture with acrid mucus.

URINARY ORGANS—(1) *Bladder.*—Pinching and stitching pain as far as the urethra, when lying down.

(2). *Micturition.*—Costant tenesmus vesica after 4 A. M. Desire to urinate, only a few drops being passed; afterward urine passed regularly with the stool. Can only pass urine very slowly. Frequent desire to urinate and frequent micturition early in the morning. Must rise at night to urinate. Rises three times at night.

(3). *Urine.*—Increased (occasionally diminished), smell stale, yet it remains clear. Feels hot when passing. Reddish, bright urine with a loose cloudy sediment. Clayey sediment in urine.

(4). *Reflex Symptoms.*—Tearing in perineum when walking. Stinging, tearing pain in perineum in evening. Cutting and stitches in both groins with urging to urinate. (p. 109.)

What more perfect picture of prostatic enlargement and its attendant cystitis can well be presented? Add the hæmaturia observed by Dr.

Isham (page 104) as a drug effect and we have the finishing touch. Yet this grand remedy for prostatic hypertrophy is barely mentioned in our standard homœopathic works! The catarrhal condition seen in the bladder probably extends up the ureters to the kidneys and assists in producing the groin pains. The mucous membrane of the urethra is also congested.

Genital Organs.—(1). *Male*—Frequent erections. Stitches and bearing in left spermatic cord.

(2). *Female.*—Sensation in female genital organs as after a nightly embrace (early after waking).

Menses appear two days too soon with pain in abdomen and small of back; they continue at night when the blood flows more abundantly. Discharge of a quantity of blood with the stool during the catamenia.

Leucorrhœa with distension of abdomen without accumulation of flatus: like white of egg, after previous pinching around the navel; brown, slimy, painful after every urination.

The mucous membranes lining the excretory duct of the seminal vesicles and of the utero-vaginal canal are in a state of catarrhal irritation.

Larynx and Trachea.—Hoarseness with burning in the larynx (afternoon). Frequent hawking with expectoration of small lumps of mucus with sensation of rawness in throat back of uvula. Aphonia.

Breathing.—Shortness of breath, threatening suffocation. Sensation of severe constriction of throat and difficult respiration. Oppression of chest, relieved by eructations which came on in open air (early after rising); also when moving arms with force and when stooping. Such oppression when walking in open air that she must stop for breath; also at night keeping him awake or in a half sleep.

Cough.—Violent (mouth filling with water) and predominantly dry, caused by tickling in throat; aggravation from breathing deeply, especially when lying on the right side at night, and from lying on the back; usually dry mornings and loosens in afternoon, with sticking in left hypochondrium. Cough nights when lying on the back with sticking in left middle false ribs, extending down to last false ribs; could not "cough out" on account of pain. Though cough was loose; more severe when turning on to side. Dry cough troubles her all night so that she cannot sleep. Expectoration of mucus; blood for six days following itching in the throat.

Lungs.—Rattling in the chest. Pressure in middle of chest with stitches as if a swallowed morsel had lodged there. Rawness. Beating (after dinner) extending to pharynx with heat of face and uneasy mood; beating like a pulse at a small spot in left chest only when standing (early in morning).

Outer Chest.—Burning at small spots. Tension or compression as with a vice in front at lower part of chest, when standing, not affected by breathing. Pressure in fore part of chest without dyspnœa. Stitches in fore part of chest in every position, though apparently relieved by sitting (afternoon). Red spots as large as a penny on left side of chest with sensation of burning, itching and turning pale on pressure. Stitching pains, particularly below mammæ, unaffected by respiration; also bruised

pain under right mamma. Small pointed stitches below right breast during menses. With every inspiration a stitch as with an awl shoots upward in chest (left), afternoon. Rhythmical stitches in left chest (evenings while sitting). Tearing sticking in left clavicle at a small spot with pain as from a bruise when touching that spot. Painful tension under right mamma in any position, frequently intermittent.

The symptoms given under the last five rubrics show a catarrhal condition of the whole respiratory tract; and also well illustrates the power of the drug to produce those neuralgic-myalgic pains for which it has been found so efficacious. The oppression in breathing seems to be due, partly to the upward pressure of flatus, partly to the diminished calibre of the air passages, and partly to undue stimulation of the respiratory centre.

Heart and Pulse.—Sudden tearing in præcordial region extending thence into left forearm. Pulse weak, irregular, rapid; small, soft, quick; intermittent. Pulse accelerated (Hering).

The pulse symptoms (weak, irregular, etc.) are evidently secondary. If the pulse be primarily affected at all, it is certainly "accelerated" and strong.

NECK AND BACK.—(1). *Cervical Region.*—Tension and stiffness in nape of neck in the evening, passing off after lying down. Drawing in tendons. Itching. Stiff neck with pain when turning it, reaching from nape of neck as far as between the shoulders. Tearing or tearing stitches in nape.

(2). *Dorsal Region.*—Icy coldness in back and between the shoulders, at the spot of a previously existing pain, only internal; not removed by feather or wool covering; after half a day the coldness terminates in itching. Pain between scapulæ as from a wrench and a bruise or even as if muscles of back were stretched asunder. Violent itching between scapulæ and left lower arm so that he would like to scratch the skin off. Stitches in left scapula especially on lowering shoulder and turning trunk to left. Pinching in muscles of the right scapula.

(3). *Lumbar. Region.*—Drawing and pressing from without inward in middle lumbar vertebræ forcing him to stretch abdomen forward. Pain in small of back with incarceration of flatus. In small of back: pain so that she was unable to walk straight; pain when raising the body after stooping; after yawning, sensation as if something elastic were pressing out there; painful stiffness even when sitting, mostly however, when raising the body erect. Paine in coccyx as from a bruise when sitting quietly, especially when slumbering.

(4). *General and Unspecified.*—When sitting, tension in back and feeling as if it were compressed in a vice; disappears by motion. Pain in back as if bruised so that she cannot rest upon it at night. Terrific backache wakes her at night at one and lasts till four A. M., with paralytic pain in both hips and in external surface of thigh, above knee; these parts are still painful to touch the next forenoon. Awakened by fearful backache as soon as she falls asleep. Backache at ten A. M., followed by weakness of the thighs (during mensturation). At night between ten and twelve, extremely violent backache as if it were wholly shattered and beaten; it awakes her from sleep and she can neither

lie on the back nor on the side, but must constantly turn about; the pain lasts till one o'clock the next afternoon.

Under this rubric I wish to call especial attention to the symptoms "icy coldness between the shoulders," and the severe backache which awakens the patient at night. Hering's Key-note symptom "severe pains in lumbo-sacral region" has been repeatedly verfied. The sensations in the back most characteristic of the Muriate are tensive, stiffness and a feeling as if bruised or beaten; aggravation when sitting and at night; relief from motion.

Extremeties.—(1). *Upper.*—Blisters the size of a pea upon right shoulder, tensive and burning and forming a kind of scurf. Rheumatic (tearing, drawing) pains in shoulder joints. Burning and pressure in right shoulder; also throbbing (reflex from liver?). A swollen gland in axilla, resembling a hard ulcer which constantly separated into parts like a large pimple. Sudden throbbing in left axilla frequently disappearing and returning (while sitting). Her right arm is very heavy and feels rigid; upper arm seems paralyzed evening and morning. Tearing in left arm, as if in the tendons, to the fingers; ceases from strong motion. Tearing pressure and burning in the arms. Tearing and twitching in tendons about wrist. Vesicular eruption with inflamed base around wrist (right) joints, itching and burning when scratched. Itching pimples on arms and dorsa of hands. Stitches, beating, twitching and tearing in hand and especially fingers, exhibiting an especial preference for the thumb.

(2). *Lower.*—Very severe boring pains in lower limbs. Pain in left hip as if tendons were too short so that she is obliged to limp when walking; when sitting there is a gnawing pain in the bone. Violent itching around hip at night and in the morning; also of thighs, legs and around bend of knees with rash pimples. Hamstrings of both legs painful when walking; they feel too short; not so when at rest. When sitting, tearing down thighs from left hip; first it is relieved by rising and comes on again when sitting down; afterward motion no longer relieved the pain. Tearing pain in front of thigh when sitting. Painful tearings in anterior surface of right thigh when sitting down. Excessively painful stitches in knee joints when sitting. Drawing tension in legs when sitting or lying; this obliges him to walk crooked after which it passes off.

Spasmodic contraction around lower part of left leg. Sore stitches and stinging pains in left calf. Ankle-bones painful when walking and stepping on them—they feel bruised and contracted. Frightful ulcerative pain in right heel relieved by vigorous rubbing. Frequent tearing and ulcerative pain in right heel so that she must cry out; relieved in no position (nights at three o'clock in bed). Spasmodic painful contraction in right heel, evenings in bed. Tearing, sticking and pinching itching in great toes (analagous to upper extremities). Cold feet, in bed.

(3). *General.*—Fatigue and weakness of the limbs. Painful tearing here and there. Stinging, shooting, tearing and crawling in tips of fingers and toes. Right side more affected. Pains often erratic.

Tearing pains predominate in the limbs and are very characteristically aggravated while sitting. The contracted feeling in the hamstrings and ulcerative pain in the heel are deserving of careful consideration. A

comparison of the pains in the lower extremities with those in the groin clearly establishes a common neuralgic origin.

Nerves.—Ebullitions with anxiety and weakness as if paralyzed. Sudden prostration after dinner, when walking in open air. Great weakness, mornings.

Sleep.—Constant yawing without sleepiness, mornings. Sleepiness early in the evening, eyelids fall shut; better after candle-light. Cannot fall asleep before midnight on account of cold feet. Heat in the head prevents sleep before midnight. Restless, uneasy sleep and awaking after midnight. Sleepless until three A. M.; she then sleeps until morning and wakes with sweats. Anxious, fearful dreams, starts out of sleep. Dreams of: falling into water; sickness; lascivious.

Wakes at night; from sneezing with tickling in throat causing cough; pain in small of back.

"Late in going to sleep which is dreamy, restless and unrefreshing," may be regarded as characteristic.

Chill, Fever, Sweat.—Chilliness and shiverings, mostly evenings. Chillin ess evenings after lying down and as often as she wakes, without thirst. Chilliness alternating with heat and then sweat. Chill running up the back.

Frequent attacks of fever followed by chills and heat, with bloated, red face and thirst during the chills and heat. Heat over whole body in a warm room and after quick motion; accompanied by redness of face and a sensation of stinging heat which is especially external over whole chest. Heat in whole body as if sweat would break out. Frequent flashes of heat with subsequent sweat. Great heat when in bed at night, then sweat early in the morning. Heat in palms of hands, soles of feet and in the face, in the evening immediately after lying down, with thirst; followed by sweat. Heat over whole body with redness of face and sweat when exercising in open air.

Very profuse perspiration; sweats on least exertion. Sweat over the whole body for several nights. Sweat early in morning in bed so profuse as to drench the shirt, without previous heat or chill.

It will be observed that we find no distinct paroxysm of chill, fever and sweat. The symptoms evidently arise from a disturbed circulation with increased metamorphosis of tissue. The tendency to aggravation at night is characteristically marked.

Attacks.—Stitching pain in toes, slowly coming and slowly going. Flushes of heat in attacks.

Skin.—Itching on various parts of the body, generally evenings before going to bed, better afterwards.

Fine rash over the whole body. Sudamina following sweating. Constant subcutaneous formication over whole body. Psoric eruptions over greater part of back and lower extremities. Visicular erruptions, on face (herpes).

Tolerably large nodes deeply seated in skin around and below right wrist; itching violently at first; after scratching they burn, become inflamed and threaten to suppurate, but disappear without doing so; those much scratched form a reddish brown scurf. Pimples.

Bearing in mind the excess of waste products circulating in the blood, the disturbed circulation and the profuse sweat, the foregoing symptoms receive a ready explanation. Perhaps, also, a derangement of the biliary secretion may contribute to produce the itching in various localities.

Mind.—Anxiety with desire to cry, and at times, crying. Disinclined to speak. Apprehensive and gloomy as from internal grief. Involuntary aversion to certain persons. Very irritable and peevish, mostly mornings; easily frightened.

What better portrayal of that irritable gloom so often associated with hepatic derangement?

Generalities.—Very weak mornings. Constant orgasm of blood. Contracted feeling in whole body making walking difficult; the pain passes off after long walking, (early after waking). All the bones of the body are painful and feel bruised when slumbering or setting still.

Pain as from bruises in whole body, especially in back, with tearing in both shoulders and in back, early in morning after rising and worse during motion. Coffee seems to restrict the action of the drug.

GENERAL ANALYSIS.

Action on the Vital Power.—The action of the Chloride is remarkable in that it produces but slight effect upon the sensorium as compared with its influence over other parts of the nervous system. In this respect, it is a close analogue of Nux vomica. Like Nux too, its power is exerted upon the reflex function of the spinal marrow as shown by the convulsions and spasmodic symptoms of face, throat, œsophagus intestinal and urinary tract, larynx and lungs. Viewed in the light of this action, the varied pains in the extremities and back are pregnant with meaning; while many an otherwise inexplicable sensation receives its prompt *raison d'etre.* Although in the proving the sphincters and power of locomotion remained unimpared, we have, nevertheless, seen the drug produce actual paralysis in animals (*vide* p. 104). The symptom "can only pass urine very slowly;" (*vide* p. 110.) also points to a secondary paresis of the vesical walls and again strongly reminds us of Nux.

Action on the Organic Substance.—Powerful as is the influence of the drug over functional activity, still more profound is its action upon the organic substance. The secretions of liver, kidneys and mucous membranes are not only increased but also perverted; vesiculo-herpetic eruptions and aphthæ appear; and a hæmorrhoidal flux is produced. Nodes show themselves in the skin, a tendency to ulceration becomes manifest and various glands enlarge. Striking at the very fountain of nutrition, it even impoverishes the blood, loads it with waste products, induces scorbutic symptoms, bloody blebs, hæmateruia and hæmorrhages from mucous membranes. The temperature is raised and the sweat made irritating.

In short, the drug is as truly an "alterative" as it is a "nervine" and stimulating expectorant.

SPHERE OF ACTION.

I. Nervous System.
II. Blood and Circulation.
III. Mucous Membranes.
IV. Glands.

Nervous System.—In the foregoing pages, allusion has several times been made to the action of the remedy upon the nervous mechanism; but there are still other lessons to be learned *ex usu in morbis* and from analogy. The primary action of the Chloride is to stimulate the general nervous system to the highest pitch; followed, secondarily, by paresis or actual paralysis as a result of the excessive stimulation. In its power over the respiratory centres in the medulla it is analogous to the other preparations of Ammonia but far inferior to the liquor Ammoniæ or the Carbonate. Thus we observe the same shortness of breath and threatening suffication, but the rapidity of respiration so distinctly stated in the former is not mentioned under the proving of the Chloride.

All through the special analysis will be found symptoms which have been classed under the head of "muscular rheumatism;" but the absence of tenderness on pressure forcibly reminds us that myalgia and genuine rheumatic myositis are far from synonymous terms. "In many instances," says Rosenthal,[11] "muscular rheumatism appears to be a neuralgia of the "cutaneous and muscular branches of the nerves which have been sub-"jected to the action of cold (or other irritants). In order to preserve "the affected muscles from further injury, a reflex contraction occurs in "the adjacent muscles." Again, writes Senator:[12] "That many forms "of 'muscular rheumatism' are indeed rather of nervous origin than de-"pendent on inflammatory changes in the muscular or the interstitial con-"nective tissue, is proved by cases in which superficial muscles, readily "accessible to examination (*e. g. the sterno-mastoid*), are attacked by rheu-"matism. He finds the muscles spasmodically contracted but, not as a "rule, more painful than any inflamed muscle in a state of tonic spasm; "moreover, the muscle is not nearly so tender to the touch as it would be "if really inflamed, pain being caused only by attempts at forcible exten-"sion; hence we conclude that the case is one of simple tonic spasm."

While, therefore, we must deny to the drug any specific effect upon the fibro-muscular tissues, its well-attested value in myalgia shows an indirect influence upon these structures.

Circulation.—A careful perusal of the proving and physiological effects negatives the observation of Wood (*vide* p. 104). The sense of oppression, warmth, and uneasiness in the stomach, fulness of the head, increased tendency to urinate, and frequent flashes of heat, certainly evince a pronounced effect upon the circulation; while analogy teaches us that its action must be similar to that of its family. Hence we must understand the general action of Ammonia in order to deduce the specific effect of its Chloride. Says Wood[13], "It is chiefly as an arterial stimu-"lant that it (Ammonia) is used in medicine, and clinical experience

11 Diseases of the Nervous System. 12 Ziemssen, Vol. xvi p. 87.
13 Therapeutics, Mat. Med. and Tox. p. 118.

"assigns to it a powerful but fugacious action upon the heart. When the "drug is injected into the veins of animals, there is a momentary fall of "the arterial pressure followed by a sudden decided rise and a correspond-"ing increase of the pulse rate. These phenomena are independent of the "convulsions, because in Langes' experiments, they occurred in curarized "animals. According to Langes' studies, the rise of pressure is not due to "any stimulation of the vaso-motor centre, because it took place equally "after division of the cord—*i. e.*, after the separation of the arterioles from "the vaso-motor centre. The increased arterial tension which follows the "exhibition of Ammonia, must therefore be due to an action either upon "the heart itself, or upon the peripheral vaso-motor nerve fibres, or upon "the muscular fibres in the coats of the arteries. As in Langes' experi-"ments the increase of the pulse-rate did not accompany the rise of pres-"sure after section of the spinal cord, it would seem to be caused by a "stimulant action upon the accelerators of the heart, which are, of course, "paralyzed by spinal section."

In the proving of Ammonium Muriaticum we find recorded no symptoms referable to a primary action upon the heart. Hering gives "pulse accelerated." Did he obtain this symptom from personal observation, or was it a deduction from analogy, or did he simply record the secondary acceleration? Left in the dark as we are, the only safe conclusion is that the drug's primary effect (if it has any) upon the heart is far inferior to that of the liquor or the carbonate. How then do we account for the congestive symptoms? Denying to the drug any direct effect upon the vascular muscles, I attribute the congestion to stimulation reflex* or direct of the peripheral vaso-motor nerve fibres. Its analogue, Strychnia, causes tetanic spasm of the arterioles; the Chloride possessing the power of increasing the rhythmical contraction, and relaxation of the same, even up to a similar crisis. This property of producing rhythmical contraction is also evinced in the symptom "rhythmical stitches in the chest" (*vide* p. 112). The efficiency of the remedy in hemicrania (migraine), is thus easily explained. "The latest steps in the study of hemicrania are "specially connected with the interesting observations of du Bois-Rey-"mond, which led this celebrated physiologist to assume that certain "forms of migraine were caused by a unilateral tetanus of the vessels of "the head, or tetanus in the district supplied by the cervical sympathetic "('*hemicrania sympathico-tonica.*') Moellendorf, on the other hand, "sought at a later time to show that hemicrania depended on unilateral "relaxation of the vessels of the head, from want of energy of the vaso-"motor nerves. For a number of years past I have taken a point of "view between these two, and affirmed the partial correctness of both by "attempting to show that a certain class of cases of migraine must be un-"derstood as vaso-motor in origin ('*hemicrania vasomotoria*'); but this "class must be sub-divided into the *sympathico-tonic* and the *augio-para-"lytic* or *neuro-paralytic* forms.[14] According to Goltz's experiments, "there is also active irritation of the vaso-dilator nerves.[15] In the prov-

* Through the vaso-motor sub-centres in the cord.

14 *Eulenberg in Ziemssen*, Vol. XIV, p. 5.

15 *Rosenthal, art. Migraine.*

"ing, we find pale face alternating with flushes of heat, and 'glowing "heat on the right side of the head.'"

The remedy is therefore adapted to both the *sympathico-tonic* and the *angio-paralytic* forms, in the former (according to Hale's Law of Dosage) requiring small, and in the latter, large doses (*vide* foot-note, p. 125).

If our deductions be correct, well did Austie write: 'It (the Chloride) "stimulates the sensory nerves and regulates the vaso-motors."

Mucous Membranes.—The mucous membranes of eye, nose, respiratory and genito-urinary tract are those principally affected. The drug first causes congestion with its consequent dryness, followed by a *muco-serous* and later by a thick, mucus discharge. The secretions are acrid, and are apt to be tough and glassy like the white of an egg. The action seems to be confined to the superficial layers, never developing a purulent discharge.

Glands.—In speaking of the value of the Chloride in hyperæmic conditions of the liver, Stewart[16] uses this forcible language: "From a "consideration of the above circumstances, coupled with the fact that, "in the numerous instances in which I have used it either as an "experiment in health or as a remedy in diseases, other than liver conges-"tion, in which it has been either without sensible effects, or, if any, "these have been but slight and not characteristic. I am led to the con-"clusion that the medicine has not only a specific elective action, but "that its characteristic and sensible action being manifiested in any given "obscure case may be considered as diagnostic of hepatic disease."

The importance of thoroughly understanding the *modus operandi* of the drug, is sufficient excuse for giving somewhat in detail the very lucid explanation of Stewart. In from five minutes to half an hour after taking the medicine, patients suffering from hepatic congestion often complain of certain abnormal sensations in the region of the liver, viz: "shock," "as thongh something had given away," "pricking as from pins and needles" or "as if cold water were trickling over the side." "pulling sensation from one hypochondrium to the other or from margin of right costal arch upward," "clawing," "working," or "gnawing," etc. These symptoms are more pronounced in hepatitis and acute congestion, and are especially liable to occur in nervous subjects. Now for the *rationale* of its action. Owing to its high diffusive power, the remedy is rapidly conveyed to the liver though the portal circulation where it acts as a direct stimulus to the nerves of that viscus. By reflex action, the capillaries of the vena portæ (which are little affected by the heart's contractions) are stimulated, increasing the flow of blood through them and thus favoring secretion of bile and other liver products, (sugar, urea); at the same time, reflex contraction ensues in the larger bile ducts. "These contractile movements and the increased rapidity of the "circulation in the portal vessels possibly give rise to the minor sensa-"tions experienced by the patient in the hepatic region."[17] Through the neighboring sympathetic ganglia, this reflex action is still further propogated to the intestinal muscular coat, causing increased peristalsis

16 The Treatment of Hepatic Disease, p. 42.

17 Stewart, loc. cit.

"as evidenced by the twisting and other movements experienced in the "situation of the duodenum or all over the abdomen and which at times "are more sensibly felt in particular parts, in situation of umbilicus or in "the inguinal region." Coetaneously with the above, the drug, carried through the entire circulation, stimulates the glandular apparatus of the intestinal canal and the glands of the entire system to increased secretion while, by contraction of successive portions of its muscular coats, the circulation in the radicals of the portal vein is greatly accelerated and "a *vis a tergo* propels the blood forward through the portal vein to "furnish fresh materials for the increased functional activity going on in "the liver, thereby aiding the *vis a fronte*, the result of the constantly "renewed attraction for a fresh supply which the rapidly secreting cells "demand; thus not only local depletion is effected in the liver by each "succeeding dose, but the entire portal system is relieved from congestion "preventing dysentery which is so apt to supervene in hepatitis and par-"ticularly in hepatic abscess." Associated with or closely following these, symptoms, is frequently found a tonic contraction of the abdominal muscles.

Dr. Austie regards neuralgia as due to defective nervous energy, and that the Chloride relieves by increasing the blood supply to the painful nerve, and thereby heightening its nervous energy. The pain in the right hypochondrium is similarly relieved, and this reflected or transferred stimulation gives rise to the various sympathetic and transiently painful sensations, such as "shock," "tingling," "pins and needles," etc.

Pressure exerted upon the liver by contraction of the thoracic and abdominal muscles causes a rapid flow of bile into the duodenum, at once relieving the congestion from retained biliary secretion, "while the in-"creased formation of the latter consequent on the more rapid circulation "in the portal capillaries, unloads them, and through them the capillaries "of the hepatic vein with which they communicate, so as to ultimately "unload the congested capillaries of the hepatic artery, the seat of the in-"flammatory process."

Pflüger has traced nerves into the secreting cells of the salivary glands and liver, and confirmed the immense power of nerves over glands. "As "Chloride of Ammonium possesses the property of increasing the quan-"tity of urea in the urine, aiding in its formation and elimination by the "kidneys under ordinary circumstances, so in hepatic abscess, when the "functions of the liver (or what remains of it) are in great part or entirely "in abeyance, is it not probable that it then operates by bringing about "vicarious action in all the other immense glandular and cellular struc-"tures distributed throughout the system, causing in them increased "transformation * * * of the waste of tissues which, owing to the "febrile state, suffer rapid disintegration, and its elimination by the kid-"neys and probably also by the glandulæ of the skin as a result of its "powerful diaphoretic action?"

All through the proving of the remedy we notice the tendency to glandular enlargements, a characteristic to which I desire to direct your most careful attention. In this field the power of the drug, in well-selected cases, is little short of marvelous. Although the proving points especially

to the lymphatic, submaxillary, tonsillar, and prostate glands, clinical experience has also established its value in hypertrophy of the spleen and thyroid.

Its diuretic and diaphoretic power attest its sway over the circulation of the venal and sweat glands. The perspiration so freely induced by the Ammonia Salts is doubtless a part of their wide-spread stimulation of the nervous system, since special nerves preside over the secretion of sweat, their excitement causing excessive secretion, and their secretion a slowing or suppression of the same.*

Sensations.—The pains. as described in the language of the provers, include tearing, tensive (and pinching), stitching (sticking), drawing, bruised, ulcerative (nose, heel, left groin) and burning, but those most characteristic of the drug are the first three. Throbbing in glands (neck, tonsils). Beating like a pulse (chest, ears). Sensation as if in a vice (occiput, chest). Feeling in the back, after yawning, as if something elastic were pressing out there (*vide*, p. 112). Cold sensation in back and between scapulæ. Contracted sensation (lips, leg). Itching in various parts of the body. Weakness and fatigue.—*Vide*, also *Generalities*, p. 115.

Periodicity.—The symptoms are aggravated morning and evening.

Peculiarities.—The characteristic pains. Marked aggravation early in the morning on rising, at night when lying down (and during the night), and when sitting; amelioration in the open air. Itching in various localities at night when lying down. Throbbing in the glands. Stools crumbling as they pass the anus. Glairy mucus secretions, which are augmented and retained. Localized pressure or tension in muscles.

Practical Applications.—Ammonium Muriaticum is especially adapted to those who are fat and sluggish; body fat, but legs thin, or in other words, to a class of patients who are greatly deficient in nervous energy.

Head.—Alopecia, with large accumulation of bran-like scales, with falling off of the hair, which has a deadened and lustreless appearance, with great itching of the scalp (use locally and internally). Hemicrania (migraine), etc., says Phillips:† "The Chloride in 10 to 20 grain doses "is indicated in bilious and nervous forms (of sick headache) occurring in "the young and in delicate over-worked women." Bartholow regards the remedy as "exceptionally serviceable;" while Dr. Austie "affirms that "this agent, if given early enough, seldom fails to cut short an attack of "migraine." Dr. Baraillier, of Toulon, claims that in "attacks of nerv-"ous headache, Muriate of Ammonium relieves almost instantly; he "gives three grammes (gr. 45) in three doses, in solution, with half an "hour's interval between the doses." (Trousseau).

The drug is also often "given with advantage in headaches due to "menorrhagia, amenorrhœa, etc." (Ringer).

The sympathetic headaches (*vide*, p. 105–106) will often be found accompanied by the characteristic vertigo.

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* Bouveret, Morbid Perspirations.

† Under "Practical Applications" I shall quote freely from the best allopathic authorities. "Gather the wheat and leave the chaff."

Eyes and Nose.—Acute Coryza with hoarseness and burning in the larnyx and burning in eyes, especially the canthi; nasal discharge acrid, corroding upper lips, with obstruction of the nose and frequent sneezing. It "acts like a charm" (Hempel and Arndt).

Add to the above symptoms, itching of the eyelids and profuse lachrymation, and you have that form of "hay fever," for which the drug is a specific.

L. Waldenberg, Berlin, uses the remedy by inhalation "in that form of coryza known as dry snuffles." His formula is ℞ Ammonii Chloridi gr. iv.; Aquæ distillatæ f℥j. M. (Napheys.)

Chronic nasal catarrh with discharge of bloody crusts and symptoms mentioned on p. 107. Loss of smell frequently accompanies these catarrhs.

Lips.—Chapped lips, dry cracked and ulcerated (topically and internally). "Cold sores" on lips (locally and internally.)

Mouth.—Aphthous stomatitis with white coated tongue, salivation and burning vesicles at tip of tongue (locally and internally). Scorbutic ulcers.

Throat and Fauces.—Sore throat and tonsillitis. Throat dry, sore, raw with stinging both during and between acts of deglutition and when yawning; mouth and throat full of viscid phlegm which is hawked up with difficulty; throat so swollen (tonsils) that he cannot open his mouth, with throbbing in tonsils; glands of neck enlarged (compare p. 108). The Chloride is a grand remedy not only in ordinary sore throat but also in acute tonsillitis, even after pus has commenced to form. Throbbing in the tonsils is especially characteristic.

Dr. Oglesby of Oregon, claims to have had very favorable results with this agent, in diphtheria. The proving certainly gives enlargement of the submaxillary glands with internal and external swelling of the neck; but does not show the extreme prostration or the formation of anything analogous to a genuine diphtheritic membrane. Hence its value, (if it has any), must be confined to mild cases. The doctor also employed alcoholic stimulants and a gargle of Chlorine water, hence the specific action of the Chloride may well be questioned. Chronic pharyngitis with flaccid mucous membrane and glairy secretion.

DISEASES OF THE DIGESTIVE TRACT.—*Stomach.*—Lilienthal gives the following characteristic indications: "Lymphatic subjects without "energy; all mucous secretions increased and retained; bitter "eructations, thirst for acids; regurgitation of food, hawking up of sour "mucus; nausea after a meal; heat and fullness in stomach; epigastric "pain sets in immediately after eating; heaviness of liver, bloatedness of "abdomen; stools soft, glairy or hard, followed by tenesmus and always "covered by mucus; burning and smarting of anus after every stool; "lassitude increased by the least exercise; no sleep after three A. M." (Compare pp. 109 & 110).

"Catarrhal irritation of the stomach and bowels with heat in these parts, "nausea, loss of appetite, constipation or diarrhœa and increased urging "to urinate." (Hempel and Arndt.)

Dr. Fischer has successfully employed the remedy in spasmodic dysphagia, giving grs. 20 every two hours and continuing it for a long period (11 weeks in the case reported).

Liver.—Says Phillips: "In various forms of hepatic disorder accompanied with congestion, Ammonium Chloride is a valuable remedy " * * * Dr. Murchison recommended it in 'functional "liver disorder' accompanied with lithæmia, and Dr. Austie in suppression of biliary secretion consequent on nerve-shock. It is much used "abroad in catarrh of the bile-ducts (catarrhal jaundice); also in hepatic "dropsy; but perhaps its best effects are seen in passive hepatic congestion when there is deficient intestinal secretion, with loaded urine, constipation, coated tongue, and general 'bilious' condition."

Bartholow writes: "It is certainly highly serviceable in some hepatic "disorders,—for example in catarrh of the bile-ducts and in the jaundice "arising from this cause. In the first stage of cirrhosis before contraction "and induration have occurred, it is also useful. * * * When "there is deficiency of the intestinal juices, constipation, and a coated "tongue with scanty and high-colored urine (so-called bilious state), Sal "Ammoniac is one of the remedies which may be used with success. "That this drug has a selective action on the liver seems probable from "the fact that it increases the excretion of urea by the kidneys."

According to Stewart, who especially lauds the drug in acute congestion, acute hepatitis and hepatic abscess, the only contra-indication to its use is pyrexia with a hot, dry skin. This he overcomes by the administration of Acetate of Ammonia in frequently repeated small doses; afterward giving the Chloride in 20-grain doses every four or six hours. "A feeling of warmth and exhilaration is produced, hepatic pain is "quickly and markedly relieved, perspiration and urine are freely secreted, and sleep commonly follows." Chronic enlargement of the liver is also successfully treated by the Chloride, but, of course, not with the speedy response obtained in the enlargement from acute congestion.

"Dr. W. Stewart highly commends its use in chronic torpor of the "liver, chronic hepatitis and hepatic abscess. In the first of these affections I have employed it to a limited extent with very good effect." (H. C. Wood).

Budd has seen good results in amyloid degeneration under five to ten grain doses three times a day; but cautious against its liability to produce exhausting diarrhœa (Schueppel in Ziemssen).

In hepatalgia, grains twenty every four hours is highly efficacious (Waring).

The above quotations well express the sphere of action of the remedy. Wherever you find the combination of congestion and neuralgia always think of Ammonium Chloride.

Spleen.—Congestion and neuralgic pains.

Intestinal Tract.—Constipation. Hard stools, crumbling to pieces when defecating, requiring great efforts to expel them, followed by soft stool; the feces are covered with a glairy, tough mucus, and are accompanied by a discharge of a quantity of mucus (Lilienthal). The drug is

useful in cases of enduration of the mucous membrane leading to intestinal narrowing.[18]

Diarrhœa.—"It is useful for chronic diarrhœa occurring during the "menses, when the other symptoms correspond" (Bell and Laird).

Hemorrhoids.—Sore and smarting hemorrhoids, after suppressed leucorrhœa (Hering).

Urinary Tract.—"In balanitis, the Muriate of Ammonia has effected "brilliant cures. Canstatt recommends it for profuse suppuration gener-"ally, saying: 'why this salt has such marvellous effects in cases of pro-"'fuse suppuration, is as inexplicable to me as the effects of our best "'known specifics; in the place of learned theories I can assure my col-"'leagues with perfect confidence, that it is so.'" (Hempel and Arndt). The drug must here be given in material doses. Gleet with discharge of glairy mucus (acts nicely). Vesical catarrh and prostatitis, especially the latter, often yield readily to its use.

Bright's Disease, when the derangement in the kidney is secondary to hepatic disorder (Millard).

Whenever, with catarrh of the urinary tract, you find a deposit in the urine of white, glairy mucus, the Chloride will quickly remove it.

Genital Tract.—Leucorrhœa which is characteristically glairy like the white of an egg (compare p. 111).

In vaginitis, the following injection is often serviceable: ℞ Ammonii Muriatis, grs. iii.; Aquæ destillatæ, Oj. M. (Napheys).

In uterine troubles, Farrington gives the following indications: "Symp-"toms referred to groin and hypogastrium such as stitches, cutting, sore-"ness, but the most characteristic is a strained feeling in groin, compelling "patient to walk bent; tensive pain in either groin as if skin were drawn "tightly, or as if she had sprained herself, with a swollen feeling; stitches "in groin with soreness; menses black, clotted and same cholera-like symp-"toms as in the Carbonate; menses profuse and worse at night. With these "various symptoms in the groin, may find uterus displaced or enlarged "with stool crumbling as it passes anus; leucorrhœa either like the white "of egg or brown and slimy—characteristically increased after every urin-"ation." Fat, flabby women.

"The Chloride has often produced good results in amenorrhœa, and "Dr. Austie advised it in cases marked by general feebleness rather than "by anæmia." (Phillips) vertex headache.

In various disorders at the climacteric period, this drug will be found very valuable. Dr. O. Ward, of Tennessee, highly recommends it in dysmenorrhœa at the menopause.

Respiratory Tract.—"Bronchial catarrh. Hoarseness. The Chloride "of Ammonia in vapor deserves trial in obstinate cases of this kind. "* * * In lozenge and vapor it has also been advised for hoars-"ness and granular soar throat, but the stimulus at first sometimes aggra-"vates the symptoms" (Phillips).

It is sometimes an efficient agent in catarrhal aphonia. In laryngitis acute or chronic, Da Costa employs the Chloride in vapor: ℞ Ammonii Chloridi, grs. x-xx, aqueæ destillatæ f℥i. M.

18 Kullenbach, quoted by Bernard and Strong.

In bronchitis, coldness below the scapulæ (no remedy has it so marked), beating in the chest like a pulse and dry cough in the morning with stitches in the chest, are important symptoms. (Compare pp. 111–112). Dr. Hoyne states that it is called for in chronic bronchitis "when there is "frequent sneezing, accompanied with tearing from the nape of the neck "to the shoulder. Phlegm in the throat, mostly early in the morning, "with frequent hawking and expectoration of small clots of mucus. In "such cases there is usually considerable thirst at night." "In bronchorrœa "and chronic bronchitis, Muriate of Ammonia renders important service," writes Bartholow. "The chief present use of the drug is as a remedy in "acute and in chronic bronchitis; in the first variety of the disease, it "should not be exhibited in the first stages; but after active inflammatory "action has been subdued by the sedative expectorants, it is very useful. "It is very largely employed in the catarrhs of young children and is "often of great service." (H. C. Wood). Says Ringer: "It is indicated "in bronchitis when the secretion is thick and abundant."

Clymer advises it in two-grain doses every two hours, either alone or with Potassic Chlorate, in capillary bronchitis (Potter's Comparative Therapeutics).

"In bronchitis that has passed its inflammatory stage, few medicines "are more efficient than this; and in all the chronic forms of the affec-"tion occuring in persons of a feeble and relaxed habit of body it is a "most valuable remedy" (National Dispensatory). In connection with the other Ammonia Salts, it is of great service in the so-called "winter catarrhs," coming on with and terminating with cold weather.

Whooping cough is improved by material doses. Incipient phthisis, "expectoration of blood following an itching in the throat; dry cough "mornings, loose afternoon and evening; slimy and bloody expectoration, "with stitches and oppression in the chest" (Lillienthal). Coldness between the scapulæ is invaluable as an initial symptom of phthisis (Farrington). "In incipient phthisis pulmonalis," write Hempel and Arndt, "with profuse expectoration of a glairy or even purulent mucus, the "Muriate of Ammonia is prescribed more particularly by German practit-"ioners, with good success in many cases. * * * If this pul-"monary disease be accompanied by colliquative diarrhœa or even if this "diarrhœa is the main indication as a symptom of phthisis of the bowels, "the Muriate may prove so much more useful."

Extremities—Back.—Sciatica. Dr. Dunham writes: "In passing "let me call your attention to my verifications under Ammonium Muri-"aticum of aggravation of sciatic pains while sitting, pain on the left side. "These symptoms have led me to use Amm. Mur. in several cases of severe "and long continued sciatica with complete success. (Comparative ease "when walking, complete freedom from pain while lying down)." Farrington gives: "Tearing pains worse when sitting, somewhat alleviated "by walking, entirely relieved by lying down." Phillips has found the remedy "valuable, more or less permanently, when the pain is worst when the patient is in the standing or sitting posture."

Stiffness remaining in joints after acute inflammation. Senile gangrene has been cured by placing the affected foot in a bath containing eight

ounces, subsequently replacing the bath with fomentation of the same (*vide* Trousseau). Ulcers on the heel.

Spinal irritation and coccygodynia will be found faithfully pictured on pp. 112–113.

Fevers.—"Chloride of Ammonium is sometimes used with a view of "promoting the cutaneous efforscence in eruptive fevers; but it is of "more value in the cure of obstinate intermittent fevers, doubtless through "its powerful influence upon the functions of nutrition. This value is, "however, very uncertain and restricted." (National Dispensatory). The proving and general physiological action of the drug would seem to rather indicate its use in chronic malarial poisoning with its attendant waste of tissue, than in typical "fever and ague."

Skin.— "In chronic cases of acne simplex with comedones, a lotion "containing the Chloride with Alum and Sulphuret of Potash is some-"times an effective resource." (Phillips.) Variola eruption well developed upon trunk and upper extremities but scanty on lower ones; with swollen neck; hæmorrhages. Vesicular eruptions and pimples dependent upon irritation in the gastro-intestinal tract.

Neuralgia, Rheumatism, Myalgia.—"The forms of neuralgia in which "Chloride of Ammonium is beneficial are not easily defined. According "to certain statements it is equally useful in rheumatic and idiopathic "neuralgias, in those depending upon local congestions and those associa-"ted with anæmia, as well as those of less easy definition, which are "connected with uterine, gastric and other functional disorders. We "have no doubt that it is cheifly serviceable in neuralgia depending upon "cold, in which, indeed, especially in neuralgia of the fifth pair, the "intercostal nerves and the sciatic nerve, it sometimes exerts a very "prompt and salutary effect. In those cases of diffused neuralgic head-"ache known as hemicrania, and often associated with gastric acidity, "this medicine is sometimes beneficial, but less so than the carbonate or "the liquid preparations of Ammonia. In the muscular aches which are "produced by prolonged and repeated use of the same set of muscles, and "which have been styled myalgia, this medicine is of service if the tired "organs are allowed rest. A somewhat analogous condition obtains in "chronic muscular rheumatism, for which, also, this salt may be advanta-"geously prescribed." (National Dispensatory).

Says Phillips: "In true neuralgia, the Chloride is often of great value, "as Dr. Clifford Allubutt states after observation of fifty cases. * * * "In tic douleu reux, or facial neuraglia, especially if there be a marked "rheumatic element and the lower jaw be affected, ½ drachm doses of Chlo-"ride should be given at short intervals, for four doses; relief will probably "have then set in if this remedy is going to benefit. In cases accompanied "with heat and swelling, Brenchley recorded marked relief to pain and "lowering of temperature under this treatment. * * In hemicra-"nia from nerve prostration, it is often curative* * * * In "intercostal neuralgia in anæmic or suckling women, in hepatalgia and in

* It is commonly held that the Ammonia Salts cure neuralgia by increasing the supply of blood to the painful nerve, thus increasing its nervous energy. The efficiency of the Chloride in many cases of hemicrania is largely due to this property.

"ovarian neuralgia. Dr. Austie also reported much benefit from the "Chloride; and of the latter malady Dr. W. Curran has reported six "severe cases marked by acute pain, pyrexia, vomiting etc., occurring "mostly at a period, and accompanied with fullness over the region of the "ovary, all much relieved by the Chloride in 15 grain doses, which were "given, however, with 5 min. of Aconite (!!!)" In myalgia Dr. Austie affirms "nothing in the whole list of remedies comes near the Chloride in efficiency" and H. Jones speaks of its power in muscular rheumatism "as remarkable and positive." (Phillips).

Ringer writes: "Many doctors employ this salt in all forms of "neuralgia; and I have heard some eminently practical men go so far as "to assert that in this painful affection they require no new remedy "since Chloride of Ammonium so rarely fails." In rheumatism, Farrington gives: "Contraction of the hamstrings, the legs feeling as if they "were being flexed (one of our best remedies); siffness in the morning "on rising, passing off as he moves around."

With the remedy, Dr. Boyce cured a case of supraorbital neuralgia appearing at 11 A. M., and continuing all day; pain constant, patient had to go to bed. Neuralgia of the stump, acute or chronic.

In ovarian neuralgia and in those neuralgic pains due to uterine displacement, the Chloride renders important aid. *Mastodynia.*

Glandular Enlargements and New Growths.—"Dr. Atlee states that "the salt has, in his practice, caused the diminution of fibroid tumors. "This observation may be compared with that of Dr. Rae, who asserts "that the same salt is valuable in goitre and glandular enlargements. " * * * The successful exhibition of Ammoniæ Murias in "large doses, ℈j–iij., in a case of large fibrous tumor in the abdomen is "reported by Dr. F. W. Hatch, in the *Pacific Medical and Surgical* "*Journal*, 1875." (Napheys).

In chronic enlargement of the prostate gland it is the remedy *par excellence*; but it must be given in material doses (5 to 10 grains *ter in die*). *Vide* Transactions of the Homœopathic Medical Society of New York State, Vol. XVIII., p. 121, *et seq.*

Chronic enlargement of the tonsils and goitre will yield to its steady action more quickly than to any other remedy with which I am acquainted.

Hypertrophy of the spleen is also benefitted, and, in some cases, entirely cured by the Chloride. Acute hyperæmic enlargement of the lymphatic and salivary glands yield to the remedy used locally and internally.

Hæmorrhages.—"In hæmorrhages of different kinds, usually passive in "character, the Chloride is praised by Copland, who gave it with Hydro-"chloric Acid. It is not much used, but Warburton Begbie has seen "good results from doses of 20 gr. in hæmaturia; in the illustrative "cases recorded, there was no definite cause for the malady." (Phillips).

It has been recommended in hæmorrhage from stomach, uterus, and lungs, but its power, as yet, remains *sub judice.*

Local Inflammations, Contusions, Sprains.—The stimulant action of the salt "is very usefully resorted to in the treatment of contusions and

"lacerated and contused wounds. In local inflammations the cold pro-
"duced by it while dissolving may sometimes be taken advantage of. A
"mixture of five parts of it with as many of Nitrate of Potassium, and
"sixteen parts of water, will lower the thermometer from 50° to 10° F.
"Such a mixture contained in a bladder has been use to promote the re-
"duction of hernial tumors, and in various cutting operations of minor
"surgery." (Nat. Dis.)

"Solutions containing Ammonium Chloride are very useful in inflam-
"matory swellings of muscles, joints, lymphatic and other glands, and
"sometimes in the hydroceles of children—2 drs. may be used to 4 or 6
"oz. of Spirit and water. In orchitis and in milk engorgements with
"heat and tension of the breasts, the same application is cooling and
"absorbent. Guineau de Mussy recommends for the latter cases an
"ointment containing five parts of the Chloride mixed with one of Cam-
"phor and thirty of Lard, to be used frequently. It is said that threat-
"ening abscess may be aborted by the continued application of compresses
"wet with spirits of Rosemary containing about one drachm of the salt
"to the pint, and if an abscess has formed of indolent character, such as
"bubo often is, it may be stimulated to heal by the injection of Sal Am-
"moniac solution after withdrawal of some pus." (Phillips).

Mastitis, Ammonium Chloride ʒj ad. Oj. spt. Rosmarini, as lotion on linen rags. Kept constantly to the part, especially in induration after abscess has suppurated (Waring).

Farrington gives: "Sprains of joints particularly when stiffness remains after sprains or inflammation."

Generalities.—"Chloride of Ammonium forms a useful ingredient of
"Errhine powders, gargles, dentifrices for whitening the teeth, cosmetic
"preparations for removing the pimples of acne from the face and plasters
"for the treatment of enlarged bursæ and joints" (National Dispensatory).

Relationship.—Aggravations from the drug are relieved by a hot bath. Antidoted by: Bitter Almonds; Coffee; Nux Vomica.

In conclusion, let me emphatically affirm that the length of this paper is only commensurate with the importance of its subject. Lauded by some, condemned by others, the drug has passed through the common vicissitudes of old school therapeutics; and it remains for the new school, guided by the crucial test of provings, to define its sphere and bound its field of usefulness. First and foremost we must recognize the remedy as one of our most powerful antipsorics. Striking at the very fountain of nutrition, controlling suppuration and reducing glandular enlargements, it is as much entitled to the term as are Calc. Carb., Hepar or Silicea. Secondly, we must discriminate between primary and secondary symptoms and accordingly regulate our dosage. Lastly, and more important than all, we must learn that the "homœopathic dose" does not necessarily mean the thirtieth or two hundredth potency but "the least dose that will cure."

VII.

One Form of Characteristics.

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The selection of the proper remedy is the most difficult task the homœopathician has to perform. And the consequence is it is generally performed imperfectly. Resulting failures drive the conscientious physician to his books that he may discover and remove the cause of his ill-success. But he meets on all sides with such contradictory and confusing statements that his perplexities multiply as he advances. One insists upon a pathological basis for prescriptions; another radically discards pathology entirely. A third rejects objective symptoms, and a fourth, all subjective phenomena. The specialist too often dwells exclusively upon the advantages of local indication; while *per contra*, the general practitioner rejects it in toto. Even if by good fortune he succeeds in selecting the remedy, authorities are hopelessly confusing in their recommendations of doses and repetitions. And finally if after a lucky hit, the patient recovers, there are not wanting those who will deny that the remedy wrought the cure. It was nature, kind, considerate nature, working wonders by that marvelous panacea, Time.

But all authorities are not unreliable. And among the suggestions always to be trusted is the statement of Hahnemann that a specific remedy can be found if from the totality of the symptoms of any given case we select those which are prominent, uncommon and peculiar or characteristic. (*Organon*, § 153.)

But there's the rut, how is one to determine which of a score or more of apparently discriminated symptoms, are prominent and characteristic? I think that just here lies a common cause of failure in practice and of pernicious teaching in text books and journals. We fail to comprehend the full import of "characteristic," and so we devise false rules and put them forth as trustworthy guides for our fellow doctors to try—and reject. I am impressed with the truth that there is a profundity to that word "characteristic," which escapes our mental grasp unless we bring into play keen thought, accurate observation, patient investigation and all the acquired facts that science in its various departments can supply. Man is a microcosm, and to comprehend him, one must comprehend the macrocosm, which he resembles in minature. A physician must be a socialist. But experience sometimes leads us into truths, which we may utilize, both for the immediate benefit of our patients and for subsequent benefit, when from accumulated facts general principles are to be adduced.

One of these experiences is of service in penetrating into the secrets of that important word "characteristic." I can best express myself by presenting a few illustrations.

If a patient presents the following symptoms, how are we to determine which of them are most important? Palpitation of the heart, worse when lying down at night. Frontal headache. Suffers from a feeling

as of a load in the stomach after even a light meal unless she chews gentian, or some similar substance. No inclination for the bowels to move, she is compelled to take cascara sagrada; has "lived on purgatives for years." Faints in a warm room; always better in the open air even though she is chilly. Cries easily, feels constantly depressed in spirits. Cannot urinate without getting down on all-fours. Urine deposits a red, sandy sediment.

Evading the troublesome study of the totality, one physician will suggest Nux Vomica: worse from abuse of drugs. Another will propose Pulsatilla. And doubtless, since Nux has a charisteristic similar to a characteristic of the case, and since *all* the symptons can be found under Pulsatilla, either of these remedies will help. But will they cure? I can reply, for I tested them: they will not. And why will they not? Because the characteristics they possess are not the characteristics of this case. They are not the most prominent. The most prominent are the last two, and for this reason—and here is the little bit of experience, not new perhaps, to any of us, but nevertheless, often neglected. The symptoms in a drug-proving, or in a patient, which give origin to the majority of the other symptoms, are often those by means of which the similimum is to be found.

Reasoning out the sequence of symptoms in my case, it became evident to me that the functional inertia was due to the same defect in nutrition that gave rise to the urinary symptoms, and the thought occurred to me, have I not here the *punctum saliens*, the verimost "characteristic" of my case? I did not prescribe pathologically. I followed the most approved rule of our art, I selected my drug according to § 153 of the *Organon*. Had the mental state been the central cause, upon which all the symptoms depended, Pulsatilla would have cured. Had the torpid stomach and bowels been chiefly at fault, Nux, Bryonia or Lycopod. would have been needed. But as it was, no remedy suited the chief symptoms so well as Pareira Brava, and its use was followed by the most satisfactory results. "Doctor," said the patient after she had taken a few powders, "for the first time in years I have gone a whole week without needing a purgative, and what's still more wonderful to me, the medicine relieves my heart as readily as it does my bladder."

This, I think, is the true use of key-notes. When we can find those symptoms, that are central in producing the totality, we can use them scientifically, confidently and succeesfully. But they can never be found by a mind which, so soon as it becomes cognizant of a symptom known to be a key-note of a certain drug, concludes that therefore this is the key-note of a given case. Neither can they always be found by one who is ignorant of pathology, physiology and anatomy.

But there is a serious evil resulting from this mode of prescribing and it has contaminated nearly every text-book we possess. I refer to the admission of too many cured symptoms into the *materia medica*. I have no doubt but that Pareira will relieve palpitation when caused by certain renal or cystic symptoms. But does this prove that palpitation is necessarily an effect of Pareira? It may be an effect, but does our line of investigation prove it such? There is, then, no objection to the

recording of palpitation as a symptom which disappeared with certain others; but its disconnected admission into a schedule of Pareira symptoms, would be highly objectionable.

If one were to exanine our many provings with a view to discover characteristics with their co-relatives and dependents, he would find a rich harvest ready for him. But to do such work to the best advantage, one must first lay bare the entire symptomatology of a drug. He should, when possible, make his analyses from original provings, in which the order of development of effects is preserved. The most searching study can be made by the employment of the methods of Hering and of Dunham combined. The former affords the most complete analysis; the latter, the most perfect synthesis.

I subjoin the results of a few such inquiries, restricting myself to some that have been confirmed in practice.

Colchicum is not an important remedy in convulsions; but animals poisoned with it suffer sometimes from spasms of the trunk caused by the irritation of a gastro-enteritis. Accordingly when in treating children with rolling of the head, there are characteristic abdominal symptoms, Colchicum cured speedily. (Dunham.)

Digitalis exerts a peculiar influence upon the heart, and very many of its symptoms are clearly traceable to the cardiac action as their remote cause. Consequently, when there are present weak, small, pulse, quickened by the slightest motion of the body; faintness and nausea, Digitalis has cured: dropsy; hydrocephalus with stupor and dilated pupils; jaundice; spermatorrhœa; over-worked mind; senile pneumonia, with mucous râles over both lungs, yet the cough is dry (T. F. Allen); and many other ailments of most diverse pathology.

Lycopodium possesses the property of inducing functional inertia. This is shown in the time of aggravation, four to eight P. M., a time which meteorlogical observations prove to be one of relaxation of animal tissues. It is also apparent in such symptoms as the following: cannot read, for words seem confused; cannot find the right word; but if the subject is very important, that is, if it arouses the vital forces, he can think well enough. Arms feel weak, heavy, yet if he exerts his will, he can move them quite readily.

Agreeably to this characteristic, Lycopodium has been a priceless boon in typhoid with impending cerebral paralysis; in scarlatina, diphtheria, and many other severe diseases, when the onset of drowsiness marks incipient blood-poisoning; and in advanced stages of illness when the eyes are half open and the conjunctivæ are coated with a gummy, glazy, secretion, making the eyes look like those of a dead fish.

Causticum acts well in spasmodic affections; but its most satisfactory effects are in cases characterized by the paralytic weakness of all potash preparations. There is, in the causticum case, a paresis of functions; hence nutrition is impaired, and as some one has shown, it is needed in ill-nourished children, who are too languid and enervated to exercise; they are slow in learning to walk and to talk, and their various scrofulous manifestations, such as otorrhœa, are remarkably tedious. The same atomy shows itself in mucous membranes, and in consequence, the lax

glands of the intestinal canal coat the fæces, and the stool is voided covered with a slimy envelopment.

The same paresis marks the aphonia, which is altogether out of proportion to the amount of catarrh. Urine flows in great copiousness, picturing incipient diabetes. Labor pains are inefficient and irregular, though the os is dilated. Vertigo annoys, especially when the patient arises in the morning or tries to fix the mind; for the circulation is feeble. The menstrual flow persists or ceases and flows, because the uterus and its vessels are weak. And finally, even the convulsions are atonic; thus, it is excellent for incipient *le petit mal*, the patient falls suddenly but quickly recovers, not even losing consciousness; or the spasms are followed by paralysis.

Berberis Vulgaris. a much neglected drug, acts upon the vital powers, damages nutrition and effects various organs, such as the liver, kidneys and bladder. But it acts most certainly when the disease is caused by or complicated with renal symptoms. If the radiating renal pains are present, if when urine is voided pains course down to the hips, if the urine is loaded with a yellow, loamy substance, Berberis will cure a great variety of diverse ailments, chief among which are: prostration, a sort of renal debility, the face is sunken, grayish, and the body is emaciated. Enteritis with pain referred to spots situated just below each hypochondrium, evidently the kidneys are involved, and deep pressure will confirm the supposition. Liver affections with striking pains in the region of the gall-bladder.

Kali Hydroiodicum owes its value as a remedy in tertiary syphilis to one prominent characteristic effect, *tendency to effusions into cellular tissues and to interstitial distension.* The precursory of such effusion is congestion; hence the Iodide causes: congestion to the head in weak, tuberculous patients; head feels large, feels as if it would be forced asunder. Fulness of the head, sensation of inflation. Beating pain in the nasal bones with fulness. Sometimes the ensuing exudates are plastic; as in croup and pneumonia. Sometimes they are serous; as in chemosis, pleurisy, œdema pulmonum, hydrocephalus.

If, now, we inquire into the use of the Iodide in cerebral symptoms secondary to pneumonia, for which it is recommended by Kafka, we find that it is efficacious by reason of its power to induce passive congestions and consequent exudation—just the state of things in a secondary cerebral effusion.

With such a characteristic as this clearly apprehended, the physician has no trouble in deciding that Kali hyd. will help him out in hydrocephalus secondary to tuberculosis of the lungs; in carditis persistently recurring; in old cases of rheumatism, with distorted joints; in headache which leaves hard lumps on the cranium; in tertiary syphilis, etc.

True, he may, in some of the instinces referred to, find it necessary to compare similarly acting drugs; Aurum. for instance. But in such cases he has other sorts of characteristics than that I am considering, which will aid him. And, besides, gold possesses its own distinctions in the class of key-notes I am examining. Like Kali hyd. it affects the coarser tissues,

but always with a nervous and vascular erethism and with a mental condition quite foreign to the sluggish Iodide.

Kali Bromatum claims a high position in allopathy because of its modifying influence upon spasms. It diminishes reflex excitability, and so removes the exciting cause of convulsions. But to homœopathists the Bromide has a more legitimate application, namely, to alarming cases of collapse. Like all potash salts, it lessens the irritability of tissues, leading to diminution of temperature, anæmia and utter prostration. In some cases of poisoning, the Bromide has lowered the temperature two degrees, the pulse falling to forty, while cardiac weakness, and coldness and clamminess of the skin, show a true state of collapse. Here, then, is a condition of things, pointing to the employment of Kali Brom. in cholera infantum with impending hydrocephaloid. The child lies exhausted from long lasting diarrhœa; the surface is cool, a cold, marble-like state of the skin is observed, gradually extending from hands and feet; he is drowsy, through occasionally he starts with a cry, and opening his eyes, looks wildly around. Belladonna will do no good, neither will Apis; but Kali Brom. will, because it has done good in such cases; and it has done good because it is homœopathically indicated. Homœopathy is not founded upon a mere rule of practice; it is based upon law. It remains for us, then, to properly interpret this law. Then we shall be successful physicians, useful citizens and faithful to a God-given art—the art of cure.

VIII.

Homœopathy and the Doctrine of Metastasis.

By E. A. FARRINGTON, M. D., Philadelphia, Pa.

"The physician's highest and only duty," writes the noble minded Hahnemann, "is to restore health to the sick. The highest aim of "healing is the speedy, gentle, and permanent restitution of health, or al-"levition and obliteration of disease in its entire extent, in the shortest, "most reliable, and safest manner, according to clearly intelligible "reasons."

Since homœopathy as a school had a beginning, it has met with strenuous opposition because of the strictness of its methods, and because of its innovations into old and time-honored practice. To declare that there exists a law of cure, and to establish thereon such corollaries as that only single remedies should be used, and that these should generally be potentized, that dyscrasiæ are produced by suppressing cutaneous diseases and that merely local medication favors metastasis—all these, excite adverse criticism and provoke ridicule and contempt. To bind oneself by law is considered slavery. To accept the theory of "psora" is to ignore the parasitic origin of scabies. To believe in the absurd notion that a locally treated eczema is not actually cured, is to flatly dispute the accumulated evidence ef renouned and skilfull dermatologists.

It is my purpose here to consider somewhat in detail, the prevailing opposition to Hahnemann's psoric theory, and to leave the remaining points for another occasion. I am deeply impressed with the importance of such a subject, because the disregard of the dangers of suppressive indication is becoming all but universal within, as well as without, the ranks of homœopathy; and so "the highest aim of healing," the "permanent restitution of health," is becoming hopelessly lost to sight in the heavy mists of fallacious practices.

There are, it seems to me, three reasons why Hahnemann's "psora" is not now accepted; and these are the doubts produced by the discovery of the itch-mite, the denial of any such thing as a vital force, and the prevailing ideas concerning the merely chemical character of physiological functions.

Despite these objections to Hahnemann's theory, facts point so strongly towards its truth that some physicians are compelled to admit its practical value however unscientific it seems. Dr. R. Hughes virtually upholds it, and several allopathic writers, especially those of the French school, are ardent in its support, at least so far as it maintains that evil results from suppressing eruptions.

The objection that scabies is merely parasitic and so is purely a local disease, is not sustained by facts. There are two factors in the etiology of this affection; one is the presence of the parasite, the other is the susceptibility to disease. This susceptibility expresses itself in the furnishing of pabulum for the itch-mite, without which the mite will not remain. Such pabulum forms no part of a healthy organism.

The second and third objections referred to, are so intimately connected, that I will consider them together.

I believe that the human body is not a mere chemical laboratory, subject only to physical laws. I differ with Prof. Allchin who asserts that all the functions of the body can be referred to purely physical causes. The soul operates upon its body, actuating it, moulding it to special purposes, ever maintaining jurisdiction and supremacy over all its physical manifestations and transformations.

If, then, man's soul is his life and actuates his body, it is the central font of corporeal life. And this latter displays itself in motion—motion as varied and complex as are the thousand and one changes in the state of the several organs composing the human form.

Every organ in the body exercises a multifold function; it receives pabulum, appropriates what it needs, rejects as offal what it does not need, and moves in the performance of its especial function. That these multiple movements may harmonize, they are regulated by a three-fold common momentum derived from brain, heart, and lungs. The first expands synchronously with the lungs and so favors a distribution of nerve-fluid and a momentum from the chest to all tissues. The second through its vessels, imparts a universal pulsatile motion. The cardiac and pulmonary motions, though differing in origin and in character, so harmonize that they do not neutralize each other, but appear simultaneously in all parts of the body.

If it is denied that the entire body obeys this dual chest-movement,

its truth can readily be confirmed. Profs. François, Frank, Mosso and Marey and Dr. Salathé, have in their respective experiments, demonstrated that even the most distant parts of the body exhibit, when tested with accurate apparatus, two kinds of motion. That these come from the heart and lungs is proved by the alteration of the curved lines on the plates when the breath is held, and their return when respiration is removed. Of course the curves due to the pulse cannot be eliminated, since no one can control his heart's beats. The same authorities prove that the brains move.

That the muscles are empowered and governed by the brains is taught by Hammond, by the late Dr. Beard, and others. Dr. Beard thus explains the Brunonian mind-reading. The hand of one knowing the place where an object is concealed is placed upon the forehead of the one who is to find it. The former earnestly wills that the latter shall be successful, and in so acting, imparts his thoughts in an effective way to the muscles of the latter.

It is in this way that the ingenious planchette can be explained without resort to spiritualism. Nicely balanced, it obeys the wills of the operators acting through the obedient tremescence of the fingers.

Now, then, if the life forces are governed by momenta from brain, heart and lungs, the directions of these vital currents must be essentially peripheral; and hence the integrity of the several organic momenta, depends upon their excentric currents and their agreement with the common currents.

An eczema appears upon the skin. It did not arise from any external cause; it sprang from perverted internal forces, and so becomes an outward manifestation of disease. To violently check it, is to throw on to a mucous surface, into an internal organ, or possibly back to nervous centres, a disease-action, that must now spend itself upon more important tissues. Hence arise tedious, chronic diseases, a life-long curse to their possessors, and an hereditary curse to their offspring.

Noticing that some remedies cure permanently, and that others only help temporarily, Hahnemann sought for an explanation. He thought that he found it in the fact that drugs which produce skin symptoms heal permanently. Consulting the literature of the day, he came to the conclusion that the source of all non-veneral chronic diseases, is suppressed itch.

Later an Italian discovered the sarcoptis hominis, and as it is pathetically stated, destroyed with a needle-prick, the boasted love of Hahnemann. But not so, he merely elided the itch-mite, but left the practical fact that a *suppressed disease can only be cured by a remedy that acts surface-ward.*

No one but a true homœopathist can cure as Dunham did when he restored hearing to ears that had been rendered useless by the suppression of an eczema that Mezereum would have cured as well as it subsequently ly did the deafness. No one but a practical believer in "antipsorics" can cure impotence by the restoration of a suppressed gleet, incipient phthisis by the re-development of a rash on the chest, and concealed gout be the administration of a drug that re-awakens athritic symptoms.

And no one can heal "speedily, gently" and at the same time "*permanently* according to clearly intelligible reasons" who uses merely salves and lotions and rejects constitutional treatment. Such a one does not agree with Hahnemann that the physicians' highest and only duty is to restore health. He thinks rather that it is to relieve quickly regardless of the possibility and probability of subsequent lasting misery.

IX.

The Dermal Symptoms of Arnica.

By C. MOHR, M. D., Philadelphia, Pa.

A dermal inflammation of an erysipelatious character is attributed to Arnica by both schools of medicine. Neither school has profited to any extent by this fact, which is not strange so far as the dominant school is concerned, but it may appear somewhat singular that the homœopathic school has not. Now and then, this remedy has been prescribed by homœopaths in erysipelas, but the cases reported have been few.

It may be presumed that Arnica has been so rarely used in erysipelas because the erysipelatous producing power has been attributed to an insect infesting the flowers of the Arnica plant, rather than to the inherent properties of the drug. This is not much to be wondered at since the late Dr. Hering was strongly in favor of ascribing the skin inflammation to the larvæ or debris of the *musca arnicæ*, which lays its eggs into the sorus or receptacle of the flower. It may be observed, however, that Dr. Hering was not dogmatic on this point, for in *Guiding Symptoms*, Vol. II., page 1, he refers to the effects as probably due to the tincture made from the flowers containing the arnica fly, and wisely suggests that the insect and its larvæ be proven; but he adds, "all tinctures made from the flowers are very uncertain preparations and not to be trusted," meaning that as Hahnemann's symptoms were produced by the *root*, a tincture made from it should be used in prescribing for the sick who suffer with symptoms similar to those produced thereby. This, of course, is sound homœopathic teaching, for we are aware that in most plants the various parts differ in some degree in their effects. Take Belladonna as an example; the berries, leaves and roots all contain atropia, and in so far exhibit a similarity of effect, but the berries act much more powerfully on the brain and nerves, the leaves on the heart and blood-vessels, the roots on the mucous membranes and skin.

For some years my views were in accord with Dr. Hering's, but a little later experience, and some investigation of the provings as recorded principally in *Allen's Encyclopædia of Pure Materia Medica*, Vols. I. and X., have led me to change them, and to believe that the dermal inflammation simulating erysipelas is due to the irritating properties of the plant, of the root more than the flowers,

and that the *musca arnicæ* or its larvæ has been no factor in the production of the skin symptoms as reported during the past decade or two. I do not mean to say that the insect will not produce similar dermal symptoms, even in a more marked degree; indeed nothing is more likely, for is it not true that "all insects which feed on one plant have a great similarity in their effects with the effects of the plants they live on?"

My reasons for a change of views, briefly stated, are these:—

1st. Provers by *ingestion* of tincture of the *root* have experienced dermal irritation and inflammation.

2d. I am reliably informed by one conversant with the importation of medicinal plants that for many years the Arnica flowers have been imported "*sine pappis*" and hence free from the larvæ which the pappis of the flower contains.

My experience with the use of Arnica in erysipelas has been too limited to enable me to speak at all authoritatively as to its efficiency as a therapeutic agent in this disease. I have seen some benefit, however, and know that the *root* tincture will produce erysipelatous inflammation, and I feel warranted in bringing the subject to the notice of the profession in this way to stimulate further research.

I would recommend that separate provings be made, 1st, of a tincture of Arnica flowers; 2d, of a tincture of the whole plant, care being taken that specimens be used that are absolutely free from the insect, its larvæ or debris; 3d, of a tincture of the root; 4th, of a tincture of the *musca*.

In the meantime, let us employ Arnica in suitable cases of erysipelas, and publish the results, whether cures have been effected or not.

X.

Oxalis (Sorrel).

By C. F. MILLSPAUGH, M. D., Binghamton, N. Y.

Oxalis Stricta, Linn.
Order: Geraniaceæ.
S. Order: Oxalidaceæ.
Com. Names: Wood-sorrel, Sheep-sorrel, Sour-weed, Sour-grass.
Botanical relatives: Geranium Maculatum.
Chemical relatives: Rheum, Rumex.

Oxalis Stricta is a leafy, branching, annual or perennial plant, by running subterranean shoots; stem at first erect, stipules absent, peduncles 2–6 flowered, longer than the leaves; petals yellow, pods elongated, erect in fruit. Sepals 5, persistent petals 5, their bases sometimes united, withering after expansion. Stamens 10, usually monadelphous at the base, alternately shorter. Styles 5, distinct.

A plant with some watery juice, alternate leaves of 3 obcordate leaflets, which close and droop at nightfall. Common everywhere.

Chemistry.—So far as is at present known, besides the constituents common to all vegetables, this genus contains only Acid Potassium Oxalate, and Potassium Hyper-acid Oxalate, or Quadroxalate, though according to some authors, it also contains Acid Sodium Oxalate and Mallic Acid.

Acid Potassium Oxalate, $C_2O_4HK + (H_2O)$, is less soluble than the normal salt, and possesses a sour taste. It combines with Oxalic Acid forming the quadroxalate, $C_2O_4HK + C_2O_4H_2 + (H_2O)_2$, a salt sparingly soluble in water, and crystallizing in large octahedrons. The two Acid Oxalates are known in commerce as Salts-of-Sorrel, or Salts-of-Lemon.

Upon evaporation, 1℥ of the alcoholic tincture yielded 3.2 grs. of crystals, having a branched needle-like appearance, the true form and properties of which I had no means of determining. During evaporation the tincture gives off a strong, mousy odor.

Former Uses.—This plant has, with the rest of its genus, been long considered antiscorbutic, diuretic, and sedative in febrile conditions. It has been reported as curative in scurvy, purpura, and *some cases* of vernal intermittent fever. It is stated that its use in Europe as a dressing for veal and sweet-breads, has led to the formation of urinary calculi of oxalate of calcium. Externally, the bruised leaves have been used to stimulate foul ulcers.

Preparation.—The tincture for this proving was made by macerating the whole plant chopped fine, in twice its weight of dilute alcohol for fourteen days, shaking twice a day, pressing out the alcohol and juice and filtering. Thus prepared it presents the following properties: Light pink color, a highly acid re-action, and at first sour, then bitter, burning, and nauseous taste.

Proving.—Took 40 M. tinct. at 9:30 P.M. and retired. I had not been in bed but a few moments when my abdomen and thighs grew both subjectively and objectively cold (the night was hot and oppressive). The parts felt as though a cold, wet cloth were about them; this coldness lasted until I slept, about half an hour. When my eyes were shut I was attacked with an illusion that my abdomen was shaped like a gigantic semi-circular fungus, such as are often found upon old stumps in the woods, and that my head above the eyes was a duplicate of my abdomen. When my eyes were open (the room was light) the illusion vanished, only to return the moment they closed.

Upon waking in the morning a severe colicy pain about the umbilicus, and a dull, indefinable headache in the occiput. Severe colic pains preceded the usual morning stool, passing from the umbilicus, deeply downward, causing me to bend double, which relieved this symptom, though passing off after the stool, came on again for about ten minutes on walking out. Sharp, cutting pain like a knife thrust, above the right clavicle upon full inspiration. At meals sensation in the stomach as of repletion, beginning midway in the meal, and some time before the appetite was appeased.

Second Evening.—Took 25 M. tinct. and retired, no symptoms before or during sleep. Awoke in the morning with the same colic pains. Constant semi-nauseated state of the stomach all day. At dinner, when my appetite was about half satisfied, a sudden disgust for food came on, obliging me to leave the table. This symptom came on again at supper. Restless and unable to go to sleep for three hours after retiring. Night filled with dreams of traveling in foreign cities. Breakfast this morning was enjoyed as usual before the proving; no nausea until noon, when the same repugnance to food, came on during the meal, it was only with the greatest effort that I could eat a few more mouthfuls, some regurgitations followed in a few moments. The customary smoke was indulged in, but with no pleasure. Enjoyed supper greatly, ate with relish. No nausea. At 7:30 P.M. was called imperatively to stool by the involuntary passage of a small quantity of watery feces. Upon sitting at stool a spurting evacuation occurred, attended with prolapsus of the rectum, intense burning at the anus followed, as if hot sulphuric acid might have been applied. This burning grew so intense that tears rolled down my cheeks from the suffering. The balance of the passage, though watery like the first part, took a great amount of straining to cause expulsion, though it flowed away as soon as started. From the passage of the feces until I retired for the night at 12:30, the anus felt so corroded that I was obliged to sit upon the edge of my chair. The corrosion of the anus was still present the next morning until 9 o'clock, when it passed away. Appetite good, no nausea, feel in my usual health. Took 40 M. tinct. Depression and lassitude all the following day, feel generally weak and dispirited, unable to perform mental work satisfactorily, restless all day. I pass from one thing to another, lie down then sit up. I can remain in no place nor at any work for ten minutes at a time. Hungry, with a general feeling of weakness and weariness, severe pain in the lumbar region and back of the ears, gums and teeth all sore. Constipation; hard, lumpy stool with great straining after a long sitting.

Seventh Day.—No passage of the bowels, my natural appetite has appeared. When reading by lamp light a constant, severe, dull pain over the eye-balls, apparently in the socket, with a constant burning of the inner canthi.

Eighth Day.—Pain in the lateral portions of the occipital bone, the bone feels as if it had been pounded. Longing for cocoanut. (This symptom astonished me, especially the pleasure that the indulgence brought, for cocoanut had nauseated me since I was made sick by eating too freely of it fifteen years before).

Ninth Day.—Violent palpitation of the heart upon any muscular exertion, especially any sudden motion. Constipation still present.

URINE DURING PROVING.

Day.	*Frequency.*	*Quantity in ℥s.*	*Sp. Gr.*	*Color.*
1.	2.	18.	1026.	Straw.
2.	2.	26.	1022.	"
3.	2.	26.	1026.	Amber.
4.	3.	26.	1026.	"

Day.	*Frequency.*	*Quantity in ℥s.*	*Sp. Gr.*	*Color.*
5.	4.	40.	1018.	Wine (red).
6.	4.	42.	1016.	"
7.	4.	42.	1014.	"
8.	3.	32.	1013.	"
9.	2.	42.	1018.	"

The urine was acid up to the seventh day, when it became neutral. Up to the ninth day the urine though kept in a cool place still underwent alkaline fermentation within a few hours. On the ninth day the fermentation commenced immediately upon voidance. The sp. gr. was taken after 24 hours' standing.

It was with great reluctance that, on the ninth day, I was compelled to give up the proving; an accident happened to the tincture, and having started the proving with one, I did not think it best to make a new one, and continue notes to the first.

I have since procured the fifteenth potency, with which I hope to add many good symptoms to this fragmentary work.

There seems to be a new sphere open, in which this remedy will find a special place. Scorbutic symptoms will undoubtedly be developed, also some entirely new ones in the urinary and intestinal tracts.

XI.

The Lilies.

By GEO. W. WINTERBURN, Ph. D., M. D, New York.

The Lilyworts furnish to medicine a number of important agents, of which squills, garlic, asparagus, and aloës are familiar examples. But it is to none of these that I now desire to direct attention. The first of which I propose to speak is the meadow lily, or, as it is sometimes called, white lily.

LILIUM CANDIDUM.

This is the species for whom the whole genera is named, and its flower has long been regarded as the emblem of perfection and purity. It is an exotic, a native of the Levant, but cultivated here in gardens quite abundantly, on account of the beautiful white flowers already mentioned. The bulb is the part used in medicine, and its properties are described by the elder writers as demulcent, astringent, and tonic. While it yields its virtues to hot water, it must not be boiled, as a high degree of heat destroys its medicinal qualities. This infusion was employed by old school doctors and ancient housewives, as an injection in leucorrhœa, prolapse of the womb, and in ulceration of the os; and although now fallen into desuetude, it has apparently a specific relation to these tissues, independent of its so-called astringent qualities. A tincture can be made by macerating the recent bulb and adding thereto three parts by weight of proof alcohol, allowing it to stand eight days, and then decant and

filter. An oil is also expressed from the petals, and this has virtues analogous to the tincture of the root. No proving has been instituted, and the remedy has consequently not as yet received the attention it deserves. I am unaware of anyone having experimented with it except myself; and I have done so only in the briefest and most desultory manner. From these imperfect observations I am inclined to give it a place in neuralgia of the uterus, somewhat allied to Asafœtida, Ignatia, Nux Moschata, and Hyoscyamus. About three years ago I used it at the Manhattan Hospital in a number of cases of pain in the pelvic viscera, on the whole with gratifying results; but the hope that I then had of instituting a methodical proving has not been fulfilled. The following case is fairly typical of the class in which this drug may prove remedial: Mrs. R. K. V., aged 37, multiparæ, of a naturally weak constitution and irritable, nervous system, applied for treatment, October 19, 1880. Her menses returned about every twenty-three days, but were very scant and watery, and during the flow, and for a few days preceding, she was very hysterical and hypochondriatic. The feeling was as if some misfortune was impending, and this increased toward nightfall to extreme anxiety. The mind was rather alert but mainly inclined to unpleasant ideas, and this caused sleeplessness in the fore part of the night, followed by a sluggish heaviness which lasted well into the next day. Her motive, however, for applying for treatment was for relief from certain acute, intermitting, darting, burning pains in the pelvic region, apparently located in the uterus, but extending backward and upward as far as the dorsal jointures of the floating ribs, and less frequently sidewise into both inguinal regions. These pains recurred every day, and at intervals during the day, more or less prolonged; but they were more wearing and constant during the monthly nisus. They were a burning, agonizing distress, coming on suddenly and dying away gradually, and leaving a sequela of soreness, which never quite disappeared. She had suffered in this way for perhaps three years, but the symptoms were all more pronounced of late. I gave her Lilium Candidum 2x, of which she took one drop every three hours for some weeks, taking in all about one ounce. The successive monthly periods occurred at lengthening intervals, and at the fourth they were normal in time, quantity, and appearance, and so remained. The pains gradually subsided, but the feeling of soreness was never quite obliterated. She had, on applying for treatment, a slight, bland leucorrhœa, of which, however, she did not speak, but which disappeared in the general improvement.

Besides its use in such cases, Lilium Candidum has a defined value in ascites, and in inflammations of the middle ear. It is to be hoped that a proving upon women patients or students may be instituted, when it will probably be found to present some valuable characteristics.

Another Lilywort, and a much better known one therapeutically, thanks to Dr. Payne, of Maine, is the tiger-spotted lily,

LILIUM TIGRINUM.

This is a familiar flowering garden plant, profusely cultivated in all parts of the United States, although, also like the meadow species, origin-

ally an exotic, from the far East. The tincture is made from the flowers.

Lilium has for its analogues Cimicifuga, Helonias, Mitchella, and other ovario-uterine drugs; Belladonna, Cereus, Muscarius, and other nervous remedies; and also has some therapeutic relation to Podophyllin.

Dr. Payne's elaborate and skilful arrangement of all the provings by himself, Carroll Dunham, Samuel Lilienthal, and other physicians, both men and women, may be found in the "Transactions of the Homœopathic Medical Society of the State of New York," for the year 1871, and brief *resume* of the same in "Hering's Condensed Materia Medica," and in "Hale's New Remedies."

The action of Lilium is peculiar. It begins at the ovaries, and extends, not only to all portions of the reproductive system, but to every portion of the body connected with it by nervous ties. Thus the heart and lungs, stomach and bladder, and the brain, all feel its reflex influence.

In ovarian irritation with frequent and profuse menses; or, in ovarian congestion with scanty and delayed catamenia, or, in chronic ovaritis, its judicious use will prove curative. The following case of irregular menstruation was cured by it:—

Mrs. O. S., aged twenty-four, thin, wiry constitution, had been quite irregular in her courses for two or three years; the interval between varying from four to seven weeks. She had almost constant burning pain in both ovaries, worse in the night, which were somewhat swollen. For several days before the catamenia came on, the pains became stinging, so as to double her up, and prevented her walking in an erect position. The flow was very scanty, and sometimes lasted only one day, never more than three, and was followed by a thin, acrid, brownish leucorrhœa. The flow occurred only during the day, and while she was moving about; had a musty, disagreeable odor, and caused intense sexual irritation. She was very morbid in her emotions, was troubled with palpitation, had a drawing pain in the small of her back, and a bearing down feeling in the uterus. She was given Lilium, in the third dilution, three times a day. No improvement was noticed for several weeks, except a moderate decrease in the ovarian pain, and in that felt in the lumbar region. Gradually, however, her entire condition changed, and at the third monthly nisus, the flow was nearly normal in quantity and appearance, was not followed by leucorrhœa, her spirits were good, the heart's action normal, and the swelling and sensitiveness of the ovaries were all but gone. She continued the medicine, in all, for about six months, by which time her health was completely restored.

The following case was somewhat different in its symptoms, but they all started from ovarian irritation, and for that reason were amenable to the influence of Lilium: Mrs. J. Q. A., aged thirty-two, a slender blonde, of fine organization, suffered much annoyance from a profuse yellowish-brown excoriating leucorrhœa, causing smarting and swelling of the labiæ. The discharge ceased almost entirely at night, or during any long-continued repose during the day, but was greatly aggravated when walking much, or after standing, or any unusual exertion. There was great tenderness in the left ovary which became swollen at each monthly period to

the size of a goose's egg. With this there was frequent desire to micturate, but a small amount being passed, followed by stinging in the urethra. During this period walking caused the most excruciating pain in the right ovary, as if it would be torn from its place. The menstrual flow was thick, of a foul odor, but quite profuse, and required the utmost cleanliness to prevent excoriation of all the outer parts. There was slight cough, some oppression of breathing, no expectoration, considerable cardiac irregularity, and coldness of the extremities, as if the blood failed to circulate freely. She was very nervous, and was always brooding over the possibility that she might become insane. This and the sleeplessness, from which she also suffered, led me to give, at first, Cimicifuga, but this while it alleviated the mental symptoms did not benefit the local trouble. I then gave her Lilium 12, which she took steadily for several months, and under which she was entirely restored to health.

The prompt use of Lilium will prevent the formation of ovarian tumors. In simple benign enlargement of the ovaries (hypertrophy) the result of irritation and congestion, it is fully capable of removing the whole trouble; and it is even said to dissolve incipient tumors. It is so difficult to diagnose between these conditions, that it is impossible to say whether the cases cured were or were not tumors. But at least it is best to err on the side of hope, and to work for our patients, and encourage them, rather than to sit idly down because the case seems irremedial. The special indication for Lilium here are a bearing down in this region, relieved by a snug bandage, aggravated by standing and especially by walking; stinging and burning pains in the swollen ovary, shooting up into the abdomen, across the pubes, or down the thigh.

In neuralgia of the ovaries associated with cutting pains in one or both mammæ, Lilium is generally curative, and it is nearly always useful in all stinging and darting pains in the ovaries.

In uterine displacements it is capable of doing better service than any form of mechanical support. This will sound like heresy to some, but I know it to be true. Congestion is the main factor in causing displacements, and the assertion that these are caused by the relaxation of the uterine ligaments is not founded on pathological study. Relaxation of the ligaments does occur, but always as a secondary symptom, as an effect not as a primary cause. If the uterus is in its normal position and becomes intensely congested, anteversion takes place; but if the uterus is somewhat prolapsed, and becomes congested, it then becomes retroverted. For this reason anteversion is more common among young, unmarried women; and retroversion among those who have born many children. Artificial support will not strengthen the lax or debilitated fibres, although it does, without doubt, give a delusive, because prompt, relief. But in many cases I have seen the direful results of such mechanical interference. And unless the uterus is cured, by internal medication, of the condition which induced the prolapse or version, it will return to its old fault when the appliance is removed. Without any supports, leaving it just where it was, I have seen Lilium, gradually lift a uterus into its place, and so strengthen all the parts, that it staid there.

Mrs. A. V. M., aged thirty-two, a delicate brunette, came under my

professional care in October, 1879. She had had typhoid fever ten years previously, since which time she had suffered from female complaints. Marriage did not improve her condition as had been hoped, in fact she seemed to think she was worse from sexual intercourse, and had had no relation of that sort for more than a year. She was married to a man much older than herself, but very affectionate and thoughtful for her comfort, and her home surroundings were as pleasant as could be desired. For several months previous to the date mentioned she had been a patient at the Women's Hospital in this city, but had come out rather worse than better from the treatment she had received; although she spoke very kindly of the attentions accorded to her there. Upon examination I found the uterus flexed upon itself and tilted to the right and forward. Although there was little, if any, prolapse, she had a constant feeling as if the uterus and all its appendages were about to issue forth through the vagina. There was pressure on the bladder, causing frequent desire to urinate, which, however, she could easily control by the will; and after urinating a slight burning in the urethra. There was a very scanty discharge from the womb, sometimes amounting to only a few drops, and ceasing altogether on lying down; but it was exceedingly acrid, and she was obliged to wear a sponge all the time, as, if allowed to come in contact with the outer surface, it completely denuded it. Both vagina and uterus were exceedingly sensative to touch. Her menses were regular, although inclined to delay, very profuse, unless she kept quite still for several days; and accompanied with swelling of the left ovary, and pain of a darting, neuralgic nature in both. The cardiac symptoms were very pronounced, and really gave her more concern than the ovario-uterine disorder. She complained of a sense of fullness in the heart, as if the blood was impeded in its outward flow. Sometimes the sensation was as if the heart was seized and held tightly for a moment, causing faintness. The heart symptoms were better out of doors, and aggravated after eating, and especially in the afternoon and evening. She was very whimsical in her moods, sometimes very pleasant and agreeable, and again irritable and censorious. She was indisposed to any serious or continued work, although naturally of a very ambitious temperament. If she went out she would wish she was at home again; if she staid at home, she wondered why she hadn't gone out; so under all circumstances she was dissatisfied. Her appetite was meagre and easily satisfied, but her digestion was good, and although delicate she was not emaciated; bowels constipated; urine normal in appearance. She had dull pain along her spine, but no tender points on pressure, and she could lie comfortably upon her back. The history of the case showed that the ovaries were the first to suffer, and that the involvment of the uterus did not occur until long afterwards. This and the general symptoms of the case led me to give Lilium from the first. As usual, it was slow in making an impression, and as day after day went past without any evidence of improvement, my patient became very restive. Fortunately I was at the same time treating another member of the family for a long-standing complaint, and making very satisfactory progress, otherwise I should have probably lost the case. In about three weeks however, marked improvement set in, and from that time it

was steady progress toward recovery. The uterus was gradually lifted back into place; the leucorrhœa ceased; the catamenia became normal; her good spirits and vivacity returned; and she was able to walk two miles with ease and pleasure. Shortly after this the family moved out of the city, and I lost all further knowledge of the case.

In diseases having their rise in the uterus, even if the ovaries subsequently become affected, Lilium is not likely to prove curative; but when the earlier symptoms are all ovarian, and the uterine and vaginal involvement follows, it is a most hopeful remedy.

It is never indicated in bland leucorrhœa, nor usually in profuse discharge of any nature; but in the kind already described it is often effectual, even when the concomitant symptoms do not correspond to those mentioned, in the cases detailed.

It will alleviate the morning nausea of pregnancy, and of uterine irritation. It will cure the congestive headaches of young girls at the age of puberty. It will also benefit the headaches associated with hysteria, chorea, and other nervous conditions, and when occasioned by self-abuse. It has proved beneficial to men suffering from the effects of masturbation, or from sexual excesses, when the symptoms are mainly nervous, with taciturnity, sadness, and thoughts of suicide.

It will cure nymphomania in one sex and satyriasis in the other when the condition is a purely local one, depending upon irritation, and not upon erotic desires.

The functional cardiac disorders of women with uterine complaints in which Lilium proves effective have already been discussed. But it also benefits a similar condition in men, entirely unconnected with any sexual disorder, showing that its action is not in all cases merely reflex. In its action upon the heart it is notably like Cereus, and in cases where the heart's action is functionally depressed, and the blood is not sent out as rapidly as it is returned, Lilium will do good. It probably does not reach organic heart disorders.

It has an important, but as yet unstudied relation to the eye; resembling somewhat the action of Cimicifuga and Gelsemium. It has cured cases of astigmatism, hypermetropia, nervous photophobia and muscæ volitantes.

I have cured with it one case of persistent blurring of vision immediately after sexual intercourse, one case of hyper-sensitiveness to sun-light, with pain in and over the eyes, and one case of abnormal lachrymation associated with vertigo (especially in a warm room), mental depression and prolapsed uterus. In the first two cases the patients were men. The thirtieth trituration was used.

Another Lilywort which has come into prominence of late is the lily of the valley.

CONVALLARIA MAJALIS.

The tincture is made from the entire fresh plant, gathered when it is just coming into flower. Fluid extracts are also prepared from both the flower and the rhizoma. It has long been used in Russia as a cardiac stimulant, and even as long ago as 1830 the knowledge of its therapeu-

tic value was bruited in Western Europe, and it was subjected to chemical analysis. It was not, however, until 1865, that it was much used by English-speaking physicians. It approximates in therapeutic value Digitalis and black Hellebore, but is not a substitute for either, even in crude doses, as has been claimed. In physiological doses the cardiac rythm is at first intensified, the movement is slowed, and the respiration deepened. The sensibility of the vagi is somewhat dulled. Then, after a period the length of which depends upon the size of the dose, the action becomes progressively irregular and intermittent, and the heart finally stops in systole.

The following conclusions as to its physiological action may be stated as definitely determined. (*Ott.*):—

1. That Convallaria increases the arterial tension greatly, at the same time the heart begins to beat more frequently; that the heart begins to fail before the tension decreases.

2. The decrease of cardiac frequency is not due to cardio-inhibitory excitation, but to an action on the heart itself, probably its muscular structure.

3. The rise of arterial tension is mainly due to stimulation of other vaso-motor apparatus than the main monarchical vaso-motor centre.

It is not my intention to occupy your time detailing the experiences of others in the use of Convallaria, but to state briefly somewhat of mine own.

I. In a case of cardiac neuroses in which Kali Carbonicum seemed indicated, but which that and Digitalis failed to relieve, was subsequently cured by Convallaria 2x.

II. A case of angina pectoris, with a return of the attacks about every three weeks, and which Aurum Muriaticum had been incompetent to ameliorate, was greatly relieved by Convallaria 2x.

III. Another case of angina in an hysterical subject. Moschus and Coffea had been given. Convallaria 2x seemed to act better than either.

IV. A more advanced case of angina with increased dimensions of the heart, the accumulation of blood in that organ causing a severe dyspnœa. Cardiac dulness very pronounced, aortal impulsed violent, deep breathing caused vesicular murmur over præcordia. Convallaria 2x relieved from the first dose, and the improvement has continued steadily for nearly seven months (Sept. 1883).

V. A case of mitral insufficiency with stenoris. Unable to take even the least bodily exertion without troublesome palpitation. Every day after dinner severe dyspœna. Convallaria, drop doses of tincture hourly, very greatly ameliorated all the symptoms.

VI. A case of aortic valvulitis, following acute rheumatism, with enormous œdema of the extremities. No appreciable benefit. Afterwards greatly ameliorated by Hepar^{30}.

There are other lilies beside the liliaceæ. The white pond lily,

NYMPHÆA ODORATA.

This is a well-known and attractive flowering plant, growing in ponds, pools, and sluggish streams. A tincture is made from the fresh rhizoma.

Nymphæa had an ancient reputation as a suppressor of venereal desires; and the vestals in the temples of Diana, used to sleep on beds made from it, in order to preserve their chastity. The distilled water of the root was at one time used as an anaphrodisiac; and Culpepper advised it in nocturnal pollutions and amorous dreams. There is probably some basis for all this although most modern writers ignore or deny it. Horatio Wood says, "it long since lost its reputation," and Dr. Hale, of Chicago, failed to see any results from it when administered to an hysterical, erotic woman. I am not, however, disposed to look upon these views as a final settlement of the matter. In one case of intense eroticism after confinement it seemed to act promptly, and gave great satisfaction to both doctor and patient. In another case of morbid sensuousness associated with an acrid leucorrhœa, Nymphæa certainly checked the one and ameliorated the other. In both of these cases it was used in the sixth dilution.

I am not an advocate of local treatment, neither do I neglect it when other means seem tardy in working a cure. Dr. Hayden, of Bedford Springs, Mass., makes a "Pond-Lily Lotion" which I have used in the treatment of leucorrhœa, and in inflammation of the vagina and erosions of the vagina and cervix uteri, as well as in chronic gonorrhœa, inflammations of the eye, and in a spray producer have applied it in nasal catarrh, buccal ulceration, and pharyngeal complaints. In those cases which it cured I believe it was Homœopathically indicated. It has been used by the eclectics in diarrhœa and dysentery, and a proving would probably determine its specificity to mucous disorders of the entire digestive tract. Dr. Edwin Cowles made a partial proving in 1865, developing sore throat with painful deglutition; obstinate coryza; pain in different portions of the digestive tract, with acrid diarrhœa; increased quantity of urine, with partial paralysis of the sphincter vesicæ; and pain in the lumbar region, extending down into the sacrum, and thence to the thighs.

Dr. King, of Cincinnati, instances a case of uterine cancer, or, at least, it had been so diagnosed by several physicians, and after considerable treatment, abandoned as incurable. permanently cured by a squaw, who gave her an infusion of pond-lily root. It is not impossible that it may have some specific relation to growths in the uterus, which a careful study of the remedy would develop.

The small yellow water-lily is a close analogue of the one which we have just discussed.

NUPHAR LUTEA.

The root of the yellow water-lily is the part used; the tincture being prepared according to the formula given for the meadow lily. Dioscorides, Pliny, and other ancient writers speak of its depressing action upon the sexual function, and it was used for many centuries as an anaphrodisiac. It has been partially proven by Dr. Pitet, France. It was found to disturb nutrition, and interfere with the functional activity of the digestive organs, causing reflex cerebral symptoms, resembling those arising from biliousness. Its action upon the kidneys somewhat resembled Lycopodium, and upon the male generative organs like that of Pulsatilla,

minus the priapism. It is useful in spermatorrhœa when the loss takes place without erections, during stool, or while urinating; even voluptuous thoughts do not produce erections. I have verified this latter symptom in one very marked case; using the sixth dilution. In another case where seminal losses, occurring during stool and while urinating, were associated with pressing pain in the frontal brain, and with excessive sensibility to his moral state, Nuphar[6] acted with charming precision and promptness.

In chronic painless morning diarrhœa Nuphar is a very effective remedy, especially if the conseqent debility is felt mainly in the limbs, or should the exhaustion be more general, is associated with sexual weakness. A recent case of sub-acute enteritis presenting the above peculiar symptoms, and in which I suspected the patient had the habit of masturbation, yielded promptly to Nuphar[30]. This remedy resembles Scilla in the morning aggravation and painlessness, but the stools are very different; the Nuphar stool is liquid, generally yellowish, and not particularly offensive.

XII.

Hypericum in Traumatism.

By GEO. W. WINTERBURN, Ph. D., M. D., New York.

St. John's Wort in its influence upon the nervous system holds an unique position in therapeutics. It has been very aptly called the arnica of the nerves. Its value as a vulnerary was well understood by the ancients. Dioscorides praises it in sciatica; *Gerarde's Herball* (1633) recommends it for "sinews that are pricked;" and various other of the elder writers speak of its virtues in the treatment of wounds, burns, and ulcers. It was proven by Constantine Hering; the proving showing marked disturdance of the nervous system, approaching meningitis. Prof. E. C. Franklin thus summarizes its position in traumatic therapeutics: "Mechanical injuries, wounds by nails or splinters in the feet; needles "under tha nails, squeezing and hammering of the toes and fingers; when "the nerves have been lacerated, wounded, or torn, with excruciating "pains. It prevents lock-jaw from wounds in the soles of the feet, or "of the fingers, and palms of the hands." In all these conditions I have used it, externally or internally, with success; and the following cases are mentioned as illustrative of its remedial power:—

I. M. T. B., aged twenty-nine, a mason by trade, while assisting in the repair of a building, had all the toes on the right foot crushed by a heavy iron shutter falling on them. I saw him about half an hour later. The boot was carefully cut off the injured foot, which on exposure proved to be badly damaged. The toes were almost severed from the foot, the

bones protruding in several places; and there was considerable hæmorrhage. I would ordinarily have used a Calendula dressing, but he complained of such excruciating pains in the wounds, and was so depressed and cold, that I concluded to try Hypericum. The damaged tissues were carefully coapted, and a 1–20 lotion of Hypericum applied; at the same time Hypericum[6] was given half-hourly. In a few hours the pain died away, he regained his customary *bon homme*, and passed a comfortable night. The wounds healed with astonishing celerity, and in less than a week he was able to resume work.

II. Mrs. E. M. C., aged thirty-two, fell out of a hammock at the family country seat, near Milton, New York, in August, 1882. She experienced great pain in her spine, which grew daily more severe, until the fifth day, when she decided to come down to New York for treatment. She was unable to sit except upon an air cushion, and as the pain was steadily growing worse she naturally felt much alarmed. I gave her Hypericum[15] in two-grain powders, a dose every three hours, and to report in two or three days. I heard nothing more from the case. About two months afterwards I saw her, and then learned that after taking three or four powders the pain was much relieved, and that before the package (12) was finished she was quite well. I may say of this lady that she was exceptionally strong and healthy, not at all nervous or hysterical, and with the exception of slight colds has not had an illness for many years.

III. S. T. P., aged thirty-two, employed on an ice-wagon, one day stepped on the rear step just as the horses were starting, and was thrown down, striking his back on the curb-stone. He felt a momentary intense pain shoot down both legs, but was afterwards able to get up, and served out the rest of his route. In the afternoon he noticed that he was unable to hold his urine, which dribbled away without his being aware of it. He thought little of this at the time, but when next morning he attempted to rise and found, as he expressed it, that his "legs were drunk," he concluded to ask advice about it. I found the pulse feeble, temperature normal, breathing slightly labored, no pain along the spine, nor any spasmodic movement. The sphincter muscles were partially paralyzed. He could walk with a rolling motion, but said his "legs were dead like." Diagnosing the case to be concussion of the spine, without hæmorrhage, I gave Hypericum, fifteenth trituration, two grains every hour. This treatment was continued for three days, the dose gradually reduced in frequency, when he could walk quite well, had recovered control of defecation and urination, and was able to return to his work.

IV. I believe from the small experience which I have had that Hypericum is likely to prove by far our best remedy in shock. In several serious accidents I have seen the early use of Hypericum ward off all effects from the nervous system; and if this experience be not exceptional and accidental, and my impression is that it is not, then we have a remedy that surgeon's have long looked for in vain. Probably a portion of the symptoms in the case just cited were due to shock, but the following is a clear illustration of the power of Hypericum: Miss M. P. A., an impressionable and timid girl of fourteen years of age, was greatly frightened by a practical joke, the details of which need not be given here. I

saw her about two hours afterward. She then was very pale and hysterical. Pulse 54, and very weak and compressable. Respiration 15 and sighing. Temperature 96° F. Skin cold and clammy. Speech thick and indistinct. She had vomited slightly, had had brandy in small quantities, and had inhaled ammonia and camphor, but without apparent benefit. I gave her Hypericum 6, in water, a teaspoonful every ten minutes, and ordered the extremities rubbed with hot flannel. In one hour the pulse was 60, and arterial tension increasing, respiration 17, temperature 97.2°. Two hours later, pulse 70 and tension normal, respiration 18, temperature 98.4°. Next day she was quite well, and never subsequently developed any untoward symptoms which could be ascribed to this event. The entire absence of secondary symptoms was even more confirmatory of the genial influence of the drug, than the rapid disappearance of the primary effects of shock; because often these do subside spontaneously with great rapidity, but, in a child of her temperament, always leave some disturbance of the nervous centers as a sequel.

V. Hypericum is an excellent remedy in traumatic meningitis, as the following case will show: J. S. A., aged seven years, fell off the roof of a shed, but as he did not seem much hurt no particular attention was paid to him. The next night he began vomiting, and I saw him the following morning about ten o'clock. I found him slightly delirious, but easily aroused to answer questions. He complained of severe pain in his head and down the spine, greatly intensified by attempting to move his arms or legs. The pupils were dilated, face puffed and hot, tongue coated yellowish. His mouth was dry, but he did not wish to drink water, calling constantly for warm milk. The pulse was one hundred and forty, full and hard; temperature 104½° F. The bowels constipated, the last movement having consisted of small, hard lumps. The urine was thick and muddy, and had the appearance of lager beer. From the symptoms and the history of the accident, I diagnosed traumatic meningitis, and prescribed Hypericum, as in the previous case of concussion. In the evening he was certainly no worse, which I considered favorable, and I consequently told the parents that I believed he would pull through all right. The next morning the temperature was 102° F., and the other symptoms correspondingly relieved. On the fourth day he was nicely convalescent.

These five cases show that Hypericum may be used advantageously in nervous disorders arising from falls and hurts of various kinds, and sustains its ancient reputation as a therapeutic analogue to Arnica and Celandine.

XIII.

A Proving of Piscidia Erythrina.

By GEORGE W. WINTERBURN, Ph. D., M. D., New York.

The Jamaica Dogwood is a deciduous tree (nat. ord. Leguminosa), about the size of the apple tree, indigenous in the Antilles, where it is extensively distributed, flourishing chiefly in the lowlands, and on calcareous and volcanic soil in the vicinity of the coast. It bears a handsome flower in April, the leaves not appearing until the subsidence of the inflorescence; during which time the tree with its thousands of white blooms, is said to present a very beautiful appearance. The root-bark is the part used in medicine. It should be gathered during inflorescence, otherwise it is unreliable. It has a feeble odor, but is strongly acrimonious and produces a burning sensation in the mouth and pharynx. The active principle is a resinoid, soluble only in strong alcohol. The bark is used as a fish poison in the Antilles. It quickly destroys life in the smaller kind, and stupefies, and often destroys, even the largest fish. It has a stronger soporific influence on animalculæ than opium, which it closely resembles in certain particulars. In order to test the value and mode of action of this drug I made six experiments on myself, taking, on three occasions, drop doses every two minutes, of Parke, Davis & Co.'s fluid extract, up to forty drops, and on the other three trials a half drachm, one, and two drachms respectively. These experiments were made in September and October, 1879, I being then in almost perfect health. In December, 1882, I made a final experiment, taking two drachms of the fluid extract, in divided doses. The following tabulated statement gives the principal phenomena developed:—

Time.		*Pulse.*	*Respiration.*	*Temperature.*
7:15 P.M.	Took two minims regularly every two minutes	68	16	98.6°
7:30	Feel mentally stimulated, and comprehend easily the subject I am reading.	70	16	99
7:45	Burning sensation in whole buccal cavity, especially on the tongue	72	16	99
8:00	Comfortable feeling of warmth all over the body. Arterial tension markedly increased	74	17	99.2
8:15	Pungent sensation in the stomach, with increased flow of saliva. The sense of warmth has now increased to a feeling such as is experenced after an unusually hearty and stimulating meal	76	18	99.4
8:30	Tickling dryness in the throat. Arterial tension steadily increasing	74	17	99.5

Time.		Pulse.	Respiration.	Temperature.
8:45 P.M.	Flow of thoughts very abundant, am writing an article on Veratrum Viride, and find it runs along very easily. Pulse is heavy like the Veratrum pulse.....	76	17	99.6°
9:00	Have now taken two drachms and will suspend the medicine, as it is beginning to produce dyspnœa.....	78	18	99.8
9:15	Head feels a little dazed. The eyes are dry and sore, and the pupils dilated.....	82	20	100
9:30	Aching pain in the temples, worse on the right side, extending down into the jaw. Dyspnœa quite severe, with spasmodic action of the diaphragm.	84	Irregular	100
9:45	Peculiar itching pain at the occiput (internal). The eyes are glistening, pupils dilated, and vision obscure. Submaxillary glands feel sore.....	88	21	100.3
	Salivation continues and is now accompanied by sweating. Breathing labored and spasmodic.....	86	Irregular.	99.8
10:10	Feel so inert and listless that I forgot to note symptoms at proper time. Dull pain in cardiac region. Drowsiness so overpowering as to preclude further noting of symptoms.....			
	SECOND DAY.			
8:07 A.M.	Slept soundly until this hour, waking with painful priapism. On rising considerable eructations, with pain in the abdomen. The throat feels parched, but the buccal symptoms have all disappeared. Respiration somewhat impeded. Arterial tension normal. Urination on rising very profuse, clear at first, but depositing on cooling a reddish floculent sediment.....	68	19	98.2
9:00	Aching along the spine. Head feels best when drawn backward. Right shoulder aches as if I had fallen on it. Feel somewhat restless, probably on account of pain in back. The kidneys, submaxillary glands, and right ear all ache. The posterior nares feel excoriated as if I had taken cold.	70	19	98.4

Time.		*Pulse.*	*Respiration.*	*Temperature.*
8:00 P.M.	The above symptoms have continued through the day with considerable fidgetiness, but all are now gradually subsiding. Urine deposits less sediment, but is still profuse. Pain has extended down the right arm to hand at intervals during the day.....	70	16	98.6°
	THIRD DAY.			
2:15 P.M.	Slight aching in the spine, otherwise all conditions normal.....	68	16	98.6

The effects produced by these experimentations may be thus summarized: It is a cerebro-spinal drug, expending its influence almost entirely upon the nervous system. It causes at first increased activity of the cerebrum. This is shortly followed by a dazed feeling. The thoughts become confused. It is hard to recollect to take the next dose at the proper time—forgetfulness merging into obliviousness. There is violent itching pain in the upper portion of the medulla oblongata with nervous trembling all over. The increase of mental activity was markedly noticable in each of the experiments. I took the drug usually about four or five hours after dinner, and at a time which I habitually spent at my desk. The immediate effect of the drug was to stimulate me to literary composition, much like a cup of rich *bouillon* but more positive. Now alcohol always makes me lazy and indisposed to thought, even in small quantities (say a tablespoonful of brandy or whisky). In about an hour after the beginning of the exhileration, on an average, the dazed feeling came on. It causes burning soreness in the eyes, with lachrymation, and heat in the internal structure. The eyes look wild and staring, and are in constant movement. There is excoriation in the nares posterior, with sneezing and coryza. There is also aching pain in the temples, and in the right ear, extending down into the right jaw. The eye symptoms precede the forgetfulness in order of time somewhat. The eyes at first were dry, then burning, then lachrymation. The pain in the temples came on later, generally in about two hours, and seemed to be an extension of the pain in the medulla. This symptom recurred at each experiment. It produces a burning sensation in the whole buccal cavity, especially on the tongue and roof of the mouth, with soreness in the sub-maxillary glands. The throat is excoriated, dry and tickling, and there is constant eructations of wind with aching pains in the abdomen. The buccal and pharyngeal symptoms were partially due to the local influence of the drug, but not wholly so. It seems to disturb the mucous surfaces of the entire digestive tract, if persistently taken. It causes a prickling sensation at the root of the penis, with violent erections. It induces labored breathing, with pain in the sternum, and dull, aching pain in the fifth intercostal space; pain in the kidneys and aching in the lumbar nerves; episthotonus, with aching in the spine. The same aching pain is finally felt in the right arm and right shoulder and right back,

going on to paralysis of the entire right side, including the right half of the head. The dyspnœa recurred at each proving. The effect on the spine was very strongly marked and extremely disagreeable. The feeling as I now recall it is fully covered by the word aching. The excitation of the nervous system was intense, causing a hot flush over the entire body, the pulse increasing ten or fifteen pulsations, with pain in the heart and restlessness, which, however, is quickly succeeded by the obliviousness already mentioned.

Dr. F. M. Moore, of Iowa, reports in the *Therapeutic Gazette*, of giving to a lady suffering with hemicrania, half a teaspoonful of the fluid extract. Spasms supervened in twenty minutes, and continued with but slight intermission for over an hour, but she suffered from difficulty of breathing for about six hours. Dr. Isaac Ott, of Philadelphia, says: "Experiments on warm-blooded animals demonstrate that it first in-"creases the respiration, produces inco-ordination, dilatation of the pupils, "blunted sensibility, narcotism, increase of salivary secretion, and slow-"ness of the heart, and death by asphyxia. In cold-blooded animals it "produces bluntness of sensibility, dilatation of the pupil, narcotism, inabil-"ity to move, followed by a stage of hyperæsthesia and tetanus, which "ends in a loss of reflex movement and death. The motor nerves are not "paralyzed." Dr. A. C. Nagle, of Philadelphia, gives the following description of its physiological action upon a rabbit, in the *Druggist's Circular*, February, 1881:—

Time.		*Heart beats.*	*Resp.*	*Temp.*
8:15.	Pupils dilated	151	76	105°
8:20.	Fifteen minims given			
8:25.		154	81	106½
8:30.	Pupils very much dilated and salivation produced	159	86	108
8:35.	Ten minims given			
8:40.	Sits sleeping; sensibilities very much obtunded	156	Irregular	108½
8:45.		141	91	104
9:00.	Fifteen minims given	137	Irregular	106
9:05.	The strongest pinching does not cause him to move	126	73	103
9:10.	Labored respiration	121	66	101
9:15.	Hind legs are paralyzed; lies sprawling, unable to move	105	43	98
9:20.		106	36	92
9:25.		98	16	91
9:30.		98	9	89
9:45.	Animation suspended. The dilated pupil suddenly contracts, and death follows. Bowels opened immediately and heart found beating.			

Piscidia is therefore a powerful drug, but occupies but a limited field, within which, however, it promises to be of positive value. Piscidia differs from Strychnia in possessing more influence on the cerebrum and

less on the spinal cord. In Strychnia poisoning the patient retains clearness of intellect to the last, while in that from Piscidia he passes early into the stage of obliviousness. Strychnia causes death by the firm clutch it obtains on the pectoralis muscles, suspending respiration, Piscidia, on the other hand, produces death by the violent nervous excitation which it causes. After death by Strychnia the heart is contracted and empty. Death caused by Piscidia leaves the heart dilated, flaccid, and empty. The action of Opium and Piscidia are similar, but not identical. The former is much more apt to produce headache, nausea, and other disagreeable symptoms than the later. In Opium poisoning the eyes are contracted and excited, under Piscidia they became dilated and staring. Belladonna affects the system somewhat analogously to Piscidia, but the former is much more violent, causing furious delerium somnambulism, and acute mania, as well as tetanus, like Strychnia and Brucia. Belladonna antidotes acute poisoning by Opium and its preparations. Piscidia on the other hand, counteracts the evil effects of long continued use of Opium, as in the Opium habit. Belladonna causes dryness of the skin Piscidia profuse diaphoresis, both acting through the nervous centers.

XIV.

Berberis Aquifolium.

By GEO. W. WINTERBURN, Ph. D., M. D., New York.

Berberis Aquifolium is a firm, bushy shrub, of the natural order *berberidaceæ*, growing to the height of four or five feet in the woods of Oregon. It delights in high altitudes, but is cultivated in gardens, and is much esteemed as a flowering shrub on account of its beauty. The leaves are pinnate, and, instead of the soft bristles of the berberis vulgaris have spinulose teeth. They are leathery in texture, dark green in color, glossy, and resemble the leaves of the holly. The flowers are yellow, and are upright; not in hanging clusters as on the berberis vulgaris. The berries are intensely sour, and dark-colored, instead of scarlet as in the better known variety. The *root* is the part used. It is very hard, of a bright yellow color, and an intense, but agreeable bitter. Jungk has discovered a new alkaloid in the berberis, to which he gives the name of *Mahonia*, $C_{14}H_{19}NO_4$. It differs from berberin in having six equivalents less of carbon, and two more of hydrogen. Mahonia does not, however, represent the full therapeutic value of Berberis Aquifolium, and is probably only one of several constituents.

I proved this drug quite thoroughly on two men and three women in the spring of 1879, and on four men and two women in the summer of 1880; and have tested it clinically in a wide range of cases The provers took under my direction, and largely under my immediate personal supervision, the fluid extract of the root (Parke, Davis

& Co.) in doses from ten drops upward to the extent of three ounces; the experiments occupying from three to four months. The earlier provings were published in the *Medical Eclectic* for August 1879, and the *Homœopathic Times* for October 1879, and subsequently copied into the London *Homœopathic World*, and in the *Therapeutic Gazette*. The second series of provings are now for the first time incorporated in the report.

The method of proving was in this wise: Of the eleven persons who took part in the proving, five took twice a day ten drops of the fluid extract, for two weeks, and then one drachm daily for a week. The other six took the drug on different scales of increase, only one taking the largest dose mentioned. The following statement from one of the provers—a lady of good judgment and a keen observer—summarizes its effects in her case:—

"I began taking Berberis in quite small doses, about three months ago. "I do not remember that I felt any other than a tonic effect from its use; "my voice was stronger, the mucous secretion in throat less than usual, "but I was taking—or rather using locally—the Yerba Reuma at the same "time. I had more blotches on my face than usual, and thought the medi- "cine caused them. Twice while taking it in small doses delayed menses "appeared, after two or three days' use of the remedy. I think it had no "effect whatever on my bowels. I had frequent rheumatic pains while "taking it, and at last quite a severe attack of rheumatism in right knee "that had been sprained a few years ago.

"In June I began to 'prove' the medicine for you. I had recovered "from the rheumatism, and was in good health and spirits. The only "bad symptom remaining from the slight illness I had had was high col- "ored urine with red sediment. The first day I took six drachms—one "tablespoonful before breakfast, four teaspoonfuls, one hour apart, after "breakfast. The effect was four movements of the bowels during the "morning; fæces large, loose, shining as if varnished, dark greenish "brown in color. I had considerable nausea after each dose, burning in "stomach, but after the effects had passed away (shortly after the last "dose), felt stronger and more energetic than usual. The next day I "doubled the doses, taking twelve drachms in the same space of time. It "caused nausea, even to vomiting, and my bowels were constipated. No "motion at all during the day. I continued to take it, but only ten "drachms a day for several days. The bilious symptoms were from the first "the *marked* ones; bitter taste in mouth, yellowish, pasty tongue, bilious "breath, burning in stomach and region of the spleen, the latter *daily* "for several days. The third or fourth day, I had what seemed like a "bilious cold, choked with mucus, voice rough and slightly hoarse; the "secretion was yellow, even greenish at one time. My throat has not re- "laxed, but voice seemed *cut off*, as if a damper was closed; I felt as if "my lungs were weak. About the third or fourth day, I had, just before "rising, a severe cramp in calf of left leg, and the following morning "slight cramps in both legs, and a momentary paralysis of right foot. A "very great depression of spirits during the greater part of the time that "I was taking the medicine in these large doses existed, but at the same

"time I felt a tonic effect from it. I had a good deal of passing head-
"ache on right side of front of head, and sometimes the pains would pass
"down into right jaw; my tongue and gums were a little sore several
"times, and at last had slight soreness of the salivary glands on pressure.
"Urine diminished in quantity from the first day, and soon become clear
"and light cherry color, without the least sediment. Had rheumatic
"pains at various times, but although the weather was favorable to another
"attack, I did not have it, the pains being wandering and passing away.

"I took no medicine at all for several days, during which time the
"secretion in throat and chest symptoms improved; bowels continued con-
"stipated, but I felt well, and think I felt the withdrawal of the medicine
"less than I do now. Urine did not increase in quantity; remained
"clear. Then I took four drachms a day in four ounces of water, a dose
"every fifteen minutes. Precisely the same symptoms were set up grad-
"ually, with the addition of my eyes troubling me; the sight was weak
"and eyes slightly bloodshot, with some congestion in under eyelid. I
"felt a stronger tonic effect from these smaller doses than I did while
"using it in the larger doses. I think the effects have lasted longer than
"then. I have taken none now for nine days, and feel the want of the
"tonic. I have suffered from depression of spirits, headache, various
"bilious symptoms, burning in spleen, variable appetite, at times very
"little, at others hungry dyspepsia. I am paler, with less color by far
"in lips than while taking the Berberis. During the time that I was tak-
"ing it in the largest doses, I looked for a day or two waxy yellow white,
"and had blue rings under my eyes nearly all the time. I thing my skin
"looks clearer and is softer, and with fewer blotches than before using it.
"About the third or fourth day after discontinuing it, I had a very
"severe pain in left side—neuralgic—quickly passing away. During its
"use. I had one rheumatic pain of a different nature from the pains I
"have had hitherto. My right hand and wrist felt as if stunned by a
"blow, or a heavy weight was on it. This lasted about half a day.

"To-day (20th) I have felt in better spirits, have had some slight
"rheumatic pains, no movement of bowels, good appetite, skin clear,
"slight headache this afternoon. I will continue to note symptoms until
"you direct otherwise."

Its analogues appear to be Aurum, Berberis Vulgaris, Bryonia, Calcarea, Capsicum, Causticum, Drosera, Grindelia Squarrosa, Hydrastis, Nux Vomica, Oleander, Ruta, and Spongia.

The characteristics of the drug are tabulated in the following scheme. Various clinical observations are denoted by the usual sign °, and a few verifications by a *.

Mental Sphere.—Unhappy and depressed; sudden depression of spirits without cause; profound depression, amounting to anguish; hysterical crying at frequent intervals; nervous and restless; disinclination to move; dull and stupid; disinclined to do anything, but not sleepy; very drowsy in daytime. The mental symptoms appeared usually on the second day, continued through the proving, and for several days subsequently; they affected all the powers; the depression of spirits, the nervous restlessness, the disinclination to do any kind of mental or bodily

work, and the drowsiness during the day, are mentioned repeatedly in all the day-books. All this is like Berberis Vulgaris, but without the taciturnity, defective memory, or weariness of life. The condition is much less profound than that induced by Aurum. The apprehensiveness is more impersonal, and the restlessness less psychical. While resembling the Bryonia toxicosis there is less of irritability, obstinacy, and passion. It is not unlike Nux Vomica save that there is an entire absence of that peculiar over-sensitiveness so characteristic of this latter drug.

Head.—Dizzy sensation; pain on the right side (pressing like a weight); pain in the right temple, running down into the teeth. The pains in the head disappeared in the latter part of the proving, and were transitory and recurring. The dizzy sensation, worse when stooping or moving, was part of the general biliousness caused by the drug. The headache resembles that of Hydrastis, but occurs on the reverse side. It is very like that of Bryonia, both in the nature of the pain, and in its aggravations.

Eyes.—Hollow-eyed; burning and aching in the eyes, as if strained; film before the eye; congestion of the lower palpebral conjunctiva. Upon the eyes it has an especial action, producing a sensation like a film or gause directly in front of the eye. They look weak, as if tired. In three of the provers the palpebral conjunctiva was very decidedly injected. This feeling of weakness persisted in one case for several weeks after the medicine was suspended. Like Ruta it affects the lower lid mainly, but it does not like Ruta set up spasmodic movement, nor does it cause lachrymation. The condition is less acute than that of Grindelia, which merely stimulates traumatic conjunctivitis. Its nearest analogue is perhaps Hydrastis, minus the profuse, excoriating, tenacious catarrhal discharge.

Nose.—Stuffish feeling, with discharge of greenish-yellow mucus. The rhinal catarrh has none of the offensiveness of Calcarea, burning pain of Aurum, nor violent sneezing of Capsicum; but it resembles Capsicum in the character of the discharge, Aurum in the feeling of obstruction while yet the air passes freely through, and Calcarea in the nocturnal stuffiness alternating with fluent discharge during the day.

Face.—*Blotches and pimples on the face; yellow skin; flashes of heat in cheeks; pinched expression of face; °impetigo figurata; °eczema infantile. The actual symptoms produced were probably all due to the disturbance of hepatic function, and closely resembled those caused by Podophyllum; but clinical experience has demonstrated that Berberis Aquifolium has marked affinity for cutaneous disorders, especially those of a moist type.

Mouth.—Increased flow of saliva; bilious taste after eating; yellow brown, deeply-coated tongue; tongue feels as if blistered; blisters on right side of tongue; scanty expectoration; yellow, sticky, tenacious expectoration; expectoration streaked with blood; soreness in teeth of lower jaw; soreness in the salivary glands; °cancer of the tongue; dry throat. The increased flow of saliva was probably due to the bitterness of the medicine, but the other mouth symptoms are characteristic. The bilious coating of the tongue dated from the second or third day; the

blistering of the tongue about the end of the second week; and the soreness of the salivary glands and the dry throat during the third week. It will be noticed that there is a great similarity in these symptoms to those of Bryonia.

Stomach.—Hungry soon after eating; constantly hungry, but still could not eat; hunger with aversion to food; canine hunger; sudden nausea after eating; burning in stomach; borborygmi; cramp in stomach; no appetite; heartburn. Dyspeptic hunger without desire for food, and with burning in the stomach, was noticed from the first. The cramp in the stomach and "no appetite," occurred during the second and third weeks. These gastric symptoms almost paraphrase those of Gratiola. They do not indicate the acute gastralgia of Sanguinaria or Nux Vomica, nor the mucoid irritability of Hydrastis, yet both muscular and mucous coats of the stomach are involved, as is evidenced by the cramps on the one hand, and the abnormal hunger, eructations and nausea on the other.

Abdomen.—Uneasy feeling, without desire for stool; heat in the region of the spleen; burning sensation in the spleen; spleen feels as if it had been struck; pain in hypogastrium. No direct sensations were felt in the liver, but this drug evidently affects the whole glandular system including the liver. Biliousness was a marked feature in all the provers, and two showed that peculiar waxy look like the beginning of jaundice. Upon the spleen it has a very positive action, causing intense burning and a feeling as though it had been pounded. This burning in the spleen was a very marked effect in all the provers, commencing about the seventh or eighth day, and persisting until the drug was discontinued producing a soreness in that viscus of which each of the provers complained bitterly. Both this and the alvine discharges resemble the toxicosis of Ruta. Berberis Vulgaris has cramp-like contractions in the splenic region, but it does not seem to affect the spleen so profoundly as the variety now under discussion, which resembles more nearly Arnica and Secale, and more remotely Ignatia.

Stool.—Large, loose, free movements (four times first day of proving); hot, griping stool (second to fourth days); light-colored stool, expelled with difficulty; lumpy stool, looks as if each lump was varnished; soft stool, expelled with great difficulty. All the provers had large, free, dark movements on beginning the medicine; one had hot, bilious diarrhœa. This was followed by light-colored, varnished, constipated stools. Subsequently the stool became soft and natural in quantity and color, but too large, and expelled with great difficulty. If pushed, the drug would apparently produce paresis of the rectum. There are points of resemblance here to Podophyllum, Ignatia, Nux Vomica, Bryonia and Causticum. Like all these, it affects the muscular coat of the intestines, and peculiarly of the rectum. Thus we have the large sized stool of Bryonia, the difficult expulsion of a soft stool of Causticum, the uneasy feeling without stool of Nux Vomica, and the prolapsing rectum of Podophyllum.

Urinary Organs.—Urine less than normal, clear and without sediment; urine sherry wine color; urine enormously increased in quantity. It had a manifest effect on the kidneys of each of the provers, but increasing in some and decreasing in others the amount of urine voided. Thus

nothing definite was determined as to the value of its action, and unfortunately analyses were not made of the urine.

Generative Organs.—Slight burning in the vagina; wind from vagina; bearing down pains; aching as if menses were about to come on; °delayed menses restored (in two cases); °amenorrhœa; very decided increase of sexual desire. The effects on the generative system were not marked, except a peculiar bubbling of wind from the vagina and unusual sexual desire (same person). This is like Sanguinaria, Nux Vomica and Lac Caninum.

Chest.—Unusual weak feeling in the chest; "Have wondered whether it was the beginning of consumption;" weakness of the upper part of the chest; oppression as of a weight on the chest; burning heat in the lower left lung; °phthisis pulmonalis.

Larynx.—Voice very weak; voice, as if a damper had been closed on it; dry, nervous cough; soundless cough. On the third or fourth day each of the provers had what seemed like a bilious cold, the throat choked with mucus, the voice rough and somewhat hoarse, the expectoration yellow, and becoming in a day or two greenish. The throat was not relaxed, the prover could sing *in tune* and without fatigue, but the voice sounded muffled, as if a damper had been closed in the larynx. This condition developed by the fourth week into a most interesting phenomenon. The peculiar lack of *timbre* in the voice; the oppression and weakness of the upper portion of the chest; the dry, irritative cough; the scanty tenacious, blood-streaked expectoration; the pinched expression of the face; the previous gastric disturbance and the present languor and debility; the accelerated pulse and heightened temperature, gave a startlingly vivid picture of phthisis pulmonalis.

Upper Extremities.—Flashes of heat, and burning in the palms of the hands; tremor in hands and arms; inability to raise the arms from the side; numbness and immobility of the arms; lameness of the arm; *rheumatism felt only when moving the part; prickling on outside of hand and forearm.

Lower Extremities.—Heaviness and trembling of the limbs; bruising pain in the extremities; cramp in left leg; cramps in the calves of both legs; inability to lift the right foot; rheumatic tension and stiffness of the legs. The symptoms in the extremities presented certain peculiarities. When the parts were perfectly still they were free from pain, though sometimes there was a feeling of numbness, and a sense as if there was not strength of will to lift the part. On movement there were cramps, trembling and uncertainty of motion, and pain. The latter was sometimes severe, and resembled that following a heavy blow. The condition simulated both rheumatism and paralysis. There is a form of paralysis, arising from exposure to damp cold, which includes numbness, immobility, and pain.

Fever.—Pulse raised fifteen to twenty beats. This was one of the later symptoms, and was accompanied by slight rising of temperature This was part of the peculiar chachexia set up in the third and fourth weeks.

Skin.—°Salt rheum; °eczema impetiginodes; °herpes zoster; °rupia

syphilitica and escharotica; °pityriasis capitis; °psoriasis diffusa. One prover noticed, for several weeks after discontinuing the medicine, a peculiar prickling, like electricity, on the back of the hand and outside of the forearm. This lasted only momentarily, but it returned frequently and seemed to be independent of occupation, position, or time of day. The proving gave slight indication of the great value of Berberis Aquifolium in skin disease. Blotches and pimples annoyed the provers, and they all subsequently noticed that the skin was smoother and softer than previous to the proving; but, though it was given in as large doses as the stomach would stand, nothing more serious was developed. It has, however, sterling merit in the treatment of skin diseases, being not only useful in the mere roughness caused by exposure to wind and weather, or resulting from the continued use of cosmetics, but also in various forms of eczema, and, when otherwise specially indicated by the concomitant symptoms, in the acrid and corroding ulcers of syphilis.

General Symptoms.—Weak and depressed; feels very tired without cause; weak and tired in the morning, wants to go back to bed, better after exercising; griping pain down the whole right side; rheumatoid pains over the whole body, making one keep very still; bone pains; °scrofula; °syphilis.

Berberis Aquifolium is beneficial in many diseases of the mucous surfaces, either of the air passages, digestive tract, or genito-urinary organs. It has cured for me obstinate chronic tonsillitis, chronic parotitis, and chronic trachitis, with scanty gummy, tenacious expectoration. But it will go deeper than these superficial ailments, and in incipient phthisis of the catarrhal variety, will sometimes restore gastric energy, and so modify the tubercular diathesis as to remove every vestige of pulmonic disease. Even when the mischief is considerable, it will when otherwise well indicated, arrest its rapid course, bring back the pulse to its normal standard or nearly so, allay local irritation, and prolong life.

All the members of the *berberidaceæ* are anti-periodic. Berberis Aquifolium is eminently so. It is considered by some as equal to Quinine. It is certainly superior to Hydrastis and Gentian, and in sensible doses is sometimes curative.

In doses of three or four drops of the second decimal dilution, it quickly relieves congestion in the liver and kidneys, increases the activity of the spleen, and removes hypertrophy when present, both here and in the prostate.

In rheumatism, I have seen it speedily cure when the pain was like that from a blow, with lameness and stiffness; or when there is no pain except on movement. And it might be of service in paralysis from damp cold, as shadowed forth in the pathogenesis.

There seems little doubt but what it might prove a valuable aid in the treatment of blood disorders, of syphilis, cancer, and scrofula; and it certainly deserves a more thorough study than I have been able to give it. In the hands of old school physicians and eclectics it has proven efficient, and there has been accumulated during the past five or six years a large clinical experience of its value when so employed.

XV.

Materia Medica.

Report on drug proving to the Northern New York Medical Society, by H. M. PAINE, M. D., Committee, Albany, N. Y.

Special effort has been made, since the last meeting of the society, with a view of reviving an interest in the proving of drugs. It goes without saying, that the physiological effects of medicinal plants and substances can be fully ascertained only by concerted effort put forth by many observers.

The very first step in the process of prescribing homœopathically, is the determining of the physiological and pathological characteristics of remedies. Without these the application of the law of similiars becomes measurably inoperative. The provings of a drug voices, as it were, its capabilities for curing diseases. Drug provings, however, obtained by experiments upon the sick are not reliable. The similarity of the drug disease to the natural one is the objective point to be attained; but the points of similarity cannot be accurately determined by clinical tests alone. Clinical experience only, being untrustworthy, it follows that trials by means of which the peculiar characteristics of drugs are to be determined must be made by persons, as nearly as may be, in a normal condition. Until these normal characteristics, so to speak, of drugs are accurately determined, and the results carefully and systematically tabulated, medical substances can be prescribed only empirically.

It is comparatively an easy matter to prescribe for disease by name, and and to recommend the use of certain remedies, because we may have heard that these substances have been previously found applicable in similar cases. Routine treatment, without study and close observation, is slothful, betokens indolence, and has little significance.

To make trials of drugs, however; to carry these tests to the verge of toxication, where actual and sometimes intense physical suffering ensues, in order the better to catch the full scope of their healing properties, involves a degree of self-sacrifice and disinterestedness which, unfortunately, is not often witnessed. I will say, however, that I believe these good qualities of mind and heart are quite as frequently met with in Northern New York as elsewhere.

Although the efforts which have been put forth since the semi-annual meeting, to secure provings of Boletus, (*Agaricus albus*) the drug selected at that time, have not been flatteringly successful, the results are in no way discouraging. A beginning has been made; attention to the importance of the work has been aroused, and a foundation has been laid, it is to be hoped, for effective work in future.

About the middle of last May the following circular was prepared, and five hundred copies were printed and distributed to physicians residing within the jurisdiction of the society:—

"The Society at its annual meeting held October 17, 1882, resolved to "to enter more earnestly upon the work of *drug proving*. While a mere "recital of our common experiences in wrestling with disease in its varied "forms is of undoubted service, the work of drug proving is superior to "it, in that, by such provings, we obtain a knowledge of the only reliable "weapons with which to successfully engage in the daily and even hourly "contests in which every member of the profession is a constant partici-"pant. The proving of drugs, therefore, should be looked upon in the "light of a privilege within reach of every physician; one in which he "can engage *personally* or by *proxy*; one which carries with it, to a "certain extent, its own reward, for, by the special training thus acquir-"ed, he will gain a more intimate knowledge of the means at hand for "treating diseases.

"It is plainly desirable that the society, particularly the younger por-"tion of its membership, should engage personally in original investi-"gation in some branches of medical research. One of these, and per-"haps the most important of all others, is the *proving of drugs* than "which none is more appropriate or gives greater promise of prompt and "practical returns.

"Those who assist in drug proving not only contribute to the common "fund of therapeutic data, but are indirectly benefited themselves, by "observing, analyzing and studying the physiological action of medi-"cines, thereby acquiring more intimate knowledge of their distinguishing "characteristics than can be obtained by years of practice without such "personal experience.

"It is to be hoped that this invitation extended by the society, will be "accepted and responded to with alacrity and zeal. Nearly every phy-"sician has the time and opportunity to prove a drug upon himself, or "superintend trials made by others. Nearly every one has friends, "students or members of his family, who can be easily induced to ren-"der him the needed assistance. Nearly every one can, therefore, make "a thorough physiological proving *personally* or by *proxy*, at least once "a year.

"The report of the proceedings of the meeting held October 17th, "1882, contains full and explicit instructions regarding the mode of pro-"cedure and the rules to be observed, and the report of the meeting held "April 11th, 1883, furnishes even more simple and practical sug-"gestions."

Soon after the distribution of copies of the foregoing circular, five members of the society expressed a willingness to make provings of the drug.

The only report yet received is presented by Mrs. Dr. Howland, of Poughkeepsie. The trials were made by her son, Mr. Harry C. Howland, a young man about eighteen years of age. He states:—

"I began taking the tincture in ten-drop doses, repeated at intervals "of an hour. Continued the use of the drug one entire day, without any "noticeable effect.

"At the next proving the doses were increased to twenty drops, and "were repeated at hourly intervals.

"At the third hour, shortly after taking the drug, experienced a pecu-

"liar contracted feeling in the head, as if a ring had been fastened around "it, and was being tightened.

"Pulse diminished in frequency; a symptom which was observed for "some time after each dose.

"Continued this proving two days."

Mrs. Howland states, "that she gave a supply of the tincture to three "young women, each of whom made several trials, but could not be per-"suaded to continue, because, after every one, they immediately began to "suffer from headache."

The few symptoms obtained from these provings are insufficient to enable me to carry out the plan at first proposed, that of tabulating and contrasting, side by side, the natural and artificial diseases. There are no reflex symptoms or evidences of disturbance, of organs distant from the central point of attack, the presence of which seem almost necessary in order to fill up usual characteristics into harmonious relationship with some plainly recognized condition of disease.

The only pathological condition indicated would appear to be that of venous congestion, together with diminished action of the heart. The utility of *Boletus* in the treatment of *headache with a slow pulse*, is endorsed by these fragmentary provings.

In large doses it produces catharsis; in smaller doses it acts as an astringent. It also checks sweating, and profuse bronchial expectoration, hence, has been of service in controlling some of the troublesome conditions attendant upon pulmonary consumption.

Let us hope that the number of provings, during the next six months, may be largely increased.

XVI.

Clinical Experience with Hypericum.

By GEO. E. GORHAM, M. D., Albany, N. Y.

Hypericum Perfoliatum, the St. John's Wort, while not so frequently prescribed, being applicable only to a limited class of cases, has wrought some marked cures.

Among the first reported were two cases by Dr. Ludlam, in the Transactions of the Chicago Society, and reprinted in the *British Journal of Homœopathy*, Vol. XVII., page 523.

The first, a lady who suffered from repeated attacks of spasmodic asthma, which were induced and aggravated by approaching storms and other barometric changes. Despite various treatments the attacks became more frequent, and at times threatened to destroy her life.

On hearing that 30 years before she had fallen down the cellar stairs and injured the spine at a point corresponding to the superior dorsal verter-

bræ, Hypericum was prescribed in the 2dx dilution. This had the happy effect of greatly modifying the present attack, and she never had another, the remedy being continued at longer intervals for some time. The second case was that of a young girl who had been in poor health for three years. I quote her symptoms from Dr. Ludlam: "As often as "once a month she suffered an illness from four days to a week's duration, "of which the following were the most characteristic symptoms: A chill, "followed by more or less fever of a continued type; dry, parched skin, "occasional headache, especially toward evening; restlessness; jactitation "with a super-sensibility of the surface of the neck, and of the superior "extremities; great dread of motion; would not walk, and screamed "outright when her mother or any other person proposed to lift her from "one place to another, insisting all the while that she should be held in "the lap. Face pale and anxious, white around the mouth, and a gen-"eral expression of suffering; anorexia, hacking cough, which was re-"ferred to an irritation of the throat. After running their course as "aforesaid, these symptoms would abate gradually, decline into an in-"terim of three weeks, to recur again with almost the regularity of an "intermittent. On examination I found there existed a decided sensi-"tiveness to pressure upon the spinous processes of the two inferior "cervical and the superior dorsal vertebræ. Inquiring if she had fallen "upon the part, her mother said she had, but she was not ill at the time, "and had never suffered from it. She had fallen down a stairway when "but three years of age, and this was my key to the pathology of the "case. I ordered a 'batch' of simple, dry, uncorded cotton to be applied "over the tender locality, and prescribed Hypericum perf. 2(dec.) to be "given internally, once in three hours, during the paroxysm. This plan "had the effect of shortening the first paroxysm very considerably, and "she never had another. In the anticipation of its recurrence the rem-"edy was for a time repeated daily; but it never came, and, after an "interval of twelve months, I am happy to repeat that the child remains, "to all appearances, entirely well. My choice of the Hypericum in the "above cases in preference to other remedies apparently better indicated, "was based upon the idea that Hypericum is to injuries of the nervous "what Arnica is to those of the muscular system." If, in the experience of others this proposition be as satisfactorily confirmed, the fact is worth recording.

Dr. A. L. Dornberg reports another interesting case in *The Medical Investigator*, New Series, Vol. I., page 227.

A young lad taken with numbness of the extremities and complaining of soreness of the spine, and flying pains in different joints. These symptoms increased and were soon complicated with some mental trouble. The child jumping and screaming to get away from wild beasts; running into the fields and screaming "don't touch me." After an attack of this kind; he had no recollection of what had transpired. Bell. 3 (dec.) Cocculus, 3x and Nux 3x, failed to benefit. Hypericum relieved the attacks promptly and was continued for eight days when he was discharged cured.

My own experience with Hypericum, is as follows: June, 1880, a lady

aged twenty-three, consulted me for a sensitive spot in her back. At the first dorsal was a point so sensitive that for years she could not ride in a wagon, could never recline on a chair, and any pressure of clothing was unbearable. She had received all kinds of treatment local and internal including electricity. I learned that this trouble had followed a fall when a child, and that it had continued since that time. A little fatigue would cause severe pain up and down the spine and headache. This girl took two prescriptions of Hypericum and Cal. Carb. (the latter because of too frequent menstruations) and all soreness and pain was relieved and two years afterwards no return of it; and I presume she is still free from it.

Second Case, Miss Libbie D., aged 25, suffered from attacks of the most severe headaches through forehead and at the base of the skull, and later pains extending down the spine. These attacks were brought on by over exertion, or mental strain. She suffered from these attacks as often as once a week and no treatment, though many were tried, ever proved beneficial.

I found on examination an extremely sensitive spot, corresponding to the seventh cervical verterbræ. Slight pressure causing her to scream with pain. This trouble had existed since childhood, having been injured then by falling down stairs. Hypericum 2d (dec.), three drops four times per day, relieved the soreness of the spine, since which time she has been comparatively free from headaches.

The third case was similar to the preceding. A lady falling down stairs and bruising the spine at the sixth dorsal, causing an abortion and long illness from which she slowly recovered. Then came under my care for a sore back.

There was the same sensitiveness of the spine, as in the above cases. She suffered from headaches and neuralgia of the stomach.

Hypericum 2x (dec.) relieved all symptoms and in two weeks she was dismissed cured, and has had no further trouble. In closing I want to add for Hypericum, that I cured a very troublesome neuralgia of the stump of the left thigh which had been so painful for one entire summer as to prevent the man from pursuing his daily vocation.

XVII.

The Evolution of True Medicine, and the Unity of Medicine.

By W. M. DECKER, M. D., Kingston, N. Y.

RELIGION PRECEDED AND RETARDED THE ADVENT OF MEDICINE.

Disease is nearly as old as the human race; and efforts at healing, one would suppose, were as old as disease; but such is not the case. The art of medicine is very old; so old, that even the century in which it originated can not be determined. The time of its birth is, therefor every

indefinite. But notwithstanding the great age of medicine we may go back prior to its existence, and obtain a glimpse of what was done for the sick in those days.

In pre-medical times the prevailing opinion was that disease was caused by evil demons (Acadians and Babylonians), or by the anger of superior and invisible beings (Egyptians), and that these spirits, by possession of the body, induced sickness. Accordingly, the treatment of disease simply consisted in efforts to appease the evil spirits. The mode of dealing with these spirits was various; and differed according to race or nationality, and their religious faith. Whatever the religious faith of a people, that they exercised to drive away disease. Thus the religion of the Accad, or Acadians[1] (Turanian stock), was originally Shámanism;[2] and in births, or sickness, the priest, or Shaman, assembled the people and offered sacrifices. The flesh of the sacrificial offering, excepting a few pieces which were cast into the fire, was consumed by the people. Now the significance of the sacrifice was to divert and propitiate the evil spirits; or to call forth the influence of the god, or gods, for that purpose. All nations had strong faith in the healing power of the gods. An illustration of this faith is furnished us from Egypt. In the reign of Rameses XII.[3] a statue of the god Chons, by others, that of Khous, or Khonsu (Thebian origin), was sent from Egypt to the land of Bakhen to cure a princess of that royal court, to whom Rameses was espoused.

The Aramaic-Babylonians (Semitic stock) were given to exorcisms to rid the diseased of their evil spirits. Some of these exorcisms, of very ancient date, have been unearthed written in cuniform characters on bricks or tablets of clay. They date back at least 2,000 years B. C.—to the golden age of Babylonian literature. They run as follows:—

"Wasting, want of health, the evil spirit of the ulcer,
Spreading quinsy of the throat, the violent and noxious ulcer.
Spirit of Heaven! remember; Spirit of Earth! remember."

"Sickness of the stomach, sickness of the heart, palpitation
Of the heart, noxious colic, the agitation of terror,
Lingering sickness, nightmare. Spirit of
Heaven! remember; Spirit of Earth! remember.

"Poisonous spittle of the mouth which is noxious
To the voice, phlegm which is destructive,
Tubercles of the lungs. Spirit of Heaven!
Remember; Spirit of Earth! remember."[4]

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1 The dominant literary people of Babylonia in the earliest times.

2 The religious belief of the same tribe often varied at different periods of their history. We confine ourselves in every instance to the earliest faith of a people.

3 The reign of Rameses XII. was probably about 1000 years B. C., or later. Egypt had then passed her highest glory (1323 B. C., the reign of Rameses II.), and was well on her intellectual wane. Menephthes, the thirteenth son of Rameses II., introduced heretical worship of certain gods; and these were undoubtedly still popular in the reign of Rameses XII. The reign of Rameses VI. has been fixed at 1240 B. C.

4 Taken from J. D. Quackenbos' Ancient Literature, p. 110.

Religion preceded medicine as it has all things; and postponed its advent for centuries. This is not strange. Religion is peculiar and natural to man. It is an in-born, innate desire of the soul, which primitative man seeks to gratify; and, in his blindness, he doth but vaguely reach out after the true and living God.* Is it any wonder, then, that man finding himself weaker than the elements about him, and subject to error, sickness, and death, has ever sought for succor, protection, and direction, in something superior to and outside of himself?

THE MAGICAL AGE OF MEDICINE, OR PSEUDO-MEDICINE.†

The Magi were the wise men of the East[1]. Their balmy days were under the Persian Empire.[2] Both privately and publicly they had almost unbounded influence. They were the servants of God, the philosophers, and astrologers; and they alone were considered competent to administer to the sick. Their treatment was by magic and strange prescriptions. They called forth the dead by secret and awful formulas; cured leprosy with the blood of a virgin;[3] and used human fat for sores The heart of certain animals was especially prized as a potent drug. That of a serpent, for phthisis. In wounds caused by an instrument they applied salves of mysterious composition[4] to the instrument instead of the wound; but washed the wound and bandaged it. The weapon ointment has been commemorated in poetry. Dryden in his "Enchanted Island," Act V., Scene II., characterizes Ariel, as saying:—

> "Anoint the sword which pierced him with this
> Weapon salve, and wrap it close from air
> Till I have time to visit it again."[5]

In pain[6] a magus sucked the painful part, and then took from his mouth a thorn, or some other foreign body, which had been previously secreted there (Like Simon—The Acts viii:9). By exercising their religious faith together with their mystical art, they would kill a man miles away,[7] fertilize or blight a field, and accomplish other wonderful and super-human acts.

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* "Can a man by searching find out God?"—Job xi: 7.

† The different conditions of medicine have indefinite periods. False medicine has been alive in some nations, while dead in others or unknown; and it has run an irregular course with the same people. Relics of superstitions, false and antiquated practice are still in vogue among the ignorant.

1. Exodus vii.: 11, and Math. Chapter II.

2. The highest glory of the Persian Empire was in the days of Cyrus and Darius I. The former began his reign 536 B. C., and the latter in 521 B. C.

3. Celsus prescribed the warm blood of a recently slain Gladiator, or certain portions of human, or horse flesh for epilepsy.

4. The weapon ointment sometimes contained among other things portions of mummy, human blood, and moss from the skull of a thief; and it was prepared under certain constellations.

5 J. A. Paris, from whose writings I have taken this poetry names Dryden as the author; but I fail to find any such lines in the popular collection of Dryden's poetry.

6 "The application of the reeking entrails of a recently slain animal, appears to have been one of the earliest methods adopted for the relief of pain." Pharmacologia of J. A. Paris M. D., p. 7.

7. This sounds like Chapter 5th of The Acts.

To this age belongs also a class of weird, bleared, wrinkled, and grizzled, fiendish old women, who were variously designated as the "wise women," medicine mixers, broth makers, and poison distillers. A modern type of this sort of woman was Lydia Pinkham. We append a clipping from the *New York Times*, of May 19th, 1883. It needs no comments. It will speak for itself. The item is dated Boston, May 18th, and reads as follows:—

"Lydia Pinkham, the well-known patent medicine proprietor, died at "Lynn, last night, at the age of 64. *She began by manufacturing medi-* "*cine in a teakettle*, and in a few years built up a business of $300,000 "a year. She spent $180,000 per annum in advertising."

These "wise women" would boil in their kettles all sorts of strange mixtures, and the more horrible, rare, and numerous the ingredients; and the more mysterious the preparation, the greater the efficacy of the resulting compound. Their decoctions were sometimes made of the most deadly poisons, which were used for evil purposes.[1]

To this age belong charms, amulets, incantations, love-philters, and prescriptions for making friends, acquiring happiness, obtaining dreams, etc.

Poetry and music were used to charm disease. Democritus says that "many diseases are capable of being cured by the sound of a flute, "when properly played. Mariamus Cappellus assures us that fever may "be cured by appropriate songs. The Asclepiades actually employed "the trumpet for the relief of sciatica."[2] Sir Walter Scott, in "The Lay of the Last Minstrel" (Canto xxiii) draws upon these ancient and superstitious customs, and shows us the influence of a charm in staying blood:—

"She drew the splinter from the wound,
And with a charm she staunched the blood;
She bade the gash be cleansed and bound:
No longer by his couch she stood;
But she has taken the broken lance,
And washed it from its clotted gore,
And salved the splinter o'er and o'er."

Charms and amulets are still used in China, Hindoostan, and among the vulgar of every tribe and nation.

In the days of Alchemy, the philosphers thought they had found in gold a universal medicine—a panacea for all ills. Gold dissolved in nitro-hydrochloric acid they regarded as the elixir of life, and it was termed *aqua regia* (royal water). Roger Bacon, in lauding it to Pope Nicholas IV. tells him of an old man who found, while plowing in a field, some yellow liquid in a golden vial, which he drank, supposing it to be dew. The old man was forthwith transformed into a hale, robust and highly

1 Sir Edward Bu wer Lytton, in his "Last Days of Pompeii," gives a vivid description of one of these women—"The Witch of Vesuvius." She says: "My trade is to give hope to the hop less; for the crossed in love I have philters; for the avaricious, promises of treasure; for the malicious portions of revenge; for the happy and the good I have only what life has—curses."

2 Dr. J. A. Paris.

accomplished youth. However this may be, the *aqua regia* was credited with prolonging life indefinitely.

Superstition in medicine has at different times shown itself in all nations under the heavens. Touching for the cure of scrofula was practiced by the crowned heads of England, from the time of Edward the Confessor to Queen Anne. Those patients on whom the royal hand had been laid received a golden angel, which was worn as an amulet, and secured at the neck by a white ribbon.

There is no end to superstitious observances and humbuggery. It exists in all trades and professions, in all the avenues of life. Thousands of poor, weak mortals have trod themselves sore to visit the shrine of some saint, thinking thereby to better themselves. Such were the pilgrimages to the shrine of St. Thomas a Becket, at the Cathedral of Canterbury, and more recently to that of St. Anne. And Mecca, the most holy city of all Islam—the birth-place of Mohammed—still receives its 100,000 pilgrims annually. And humbugs, such as Sir Kenelm Digby's "Sympathetic Powder" (17th century), Bishop Berkeley's "Tar Water" (1744), and the "Metallic Tractors" of Dr. Elisha Perkins (1796), are of every day occurrence.

The rubbish of the ages is inexhaustible, and it is constantly accumulating like the garbage of a great city. The health of a city demands its removal, and likewise, to maintain the vigor of our profession, we must cast out the corrupt and worthless matter.

This age was prolific in quacks, and from the days of the Magi to the present, these abominable interlopers and impostors have infested the earth, and thrived on the patronage of the ignorant. To their false teachings, and pernicious perscriptions, is due at least one-fourth of all the physical sufferings of humanity. It is through quacks that *pseudo*-medicine is kept alive.

THE AUTHENTIC AGE OF MEDICINE.

We have been groping in shadow, feeling our way as best we could through an uncertain labyrinth, but emerged at last, we now walk by the light of day.

Positive medicine is best considered by looking at representative men. Let us then behold some of the head-lights along the way.

HIPPOCRATES (460–357 B. C.), the great "Father of Medicine," dawned in the 4th and 5th centuries B. C., and shone with solar brilliancy, scarcely dimmed by a transit, for at least twenty centuries; for Boerhaave (1668–1738), the most celebrated physician of the 18th century, on taking the professorship of the theory of medicine at Leyden, recommended Hippocrates to the students in his inaugural address. What theory did Hippocrates enunciate, which stood with kingly authority preeminently paramount to all men for centuries? It was his "Humoral Theory." He taught that the body contained four humors, or fluids, viz.: blood, phlegm, yellow and black bile; and that these humors were the primary seats of disease. Health was the proper combination of these humors and disease was an evidence that the humors were disturbed. The progress of disease was said to be favorable, or

unfavorable by changes observed in the humors. A return to health was looked for with expulsion of morbid matter thrown off from the humors. It was deemed essential to a patient's recovery that these expulsions should take place; and this phenomenon was styled the crisis, or critical day.

We may lay at the door of this crude and mischievous theory all the blood and thunder, puke and physic and the bile of the old school. The blood and mucus and bile, which have been made to run from poor mortals for twenty centuries, in consequence of this theory; and which is still demanded, would more than float a score of ocean steamers were it collected into one mass. The people have been talked to, so much and so long, about their livers, and have been made to throw off so much bile, that now they almost instinctively believe that they are bilious, and that they manufacture bile to throw away. Why! it has come to pass that almost every other person you meet religiously believe they are bilious; and most every patient that comes into a doctor's office begin the statement of their case by announcing that they are bilious. And, confidentially let me say, that a doctor will secure the confidence of his patient at the outset, if he declares that they are bilious; for 999 out of every thousand patients will accept such a diagnosis as the truth, without a demi-semi-quaver of a doubt. They ask no questions; their heart is at ease; they are firm believers in their liver! Now the liver, with its bile, is commonly nothing more nor less than a first-class scapegoat for the doctors; and when they do not know what is the matter with a man, or woman, they say bilious! and that ends it. For this bilious age, with its swarming thousands of deluded bilious minds, you may thank, or rather, damn! the doctors and the "humoral theory."

The Therapeutics practiced by Hippocrates, we are tempted to believe was cautious and expectant. It chiefly consisted in attention to diet and regimen. He was sometimes censured for letting his patients die by doing nothing for them. If this be so, his practice was inconsistent, and did not conform to his theory; but that of his followers did.

Hippocrates was the first author who treated Anatomy as a science.* We are told that "he caused a skeleton of brass to be cast, which he consecrated to the Delphian Apollo."

After Hippocrates, medical faith was at variance, and several conflicting schools arose. The immediate followers of Hippocrates—Thessalus, Draco, and Polybius—represented the Dogmatic School of Medicine. The members of this school "endeavored by pure reasoning to discover the essence of diseases and their occult causes." The opponents of this school were the empirics with Seraphion for a leader, and they confined themselves strictly to the observation of facts (experience). Toward the end of the first century (A. D.) a third sect arose, which took middle ground between the dogmatics and empirics, and were known as the methodics, or rational school. Themison was founder of this school. Finally the methodics broke up into different sects, the chief of which

* Alcmeon of Croton first dissected animals.

Erasistratus (flourished 3 l Century B. C.) was first to dissect human bodies, and he claimed that the heart was the origin of both the viens and the arteries, but believed the arteries to contain air.

were the pneumatics, represented by Aretæus, and the eclectics, represented by Archigenes. Such was the wide diversity of medical doctrine and practice until the time of Galen (130–201 A. D.)

GALEN (130–201 A. D.) was a second Hippocrates, revived and intensified, and in him all the diverging paths converge. Galen, more appropriately called Hippocrates-Galen, was the medical light of the civilized world down to the 17th century. He dissected apes, and was to anatomy what Aristotle was to philosophy. It took a bold and original man to criticise Galen even as late as the 16th century, for his disciples were opposed to any innovation, zealously holding their master as the source of the truth, and entertaining no misgivings, they did not think it possible that he could err. To assail Galen then meant ostracism or annihilation. But history records the names of two brave men and one coward, who, in the 16th century, attacked Galen. The coward, after a noble effort, relented, and weighed the question, "To be or not to be? and decided it to be—*i. e.*, to be popular rather than right. But the other two were dauntless, and without questioning took up arms against a sea of troubles, and, by opposing, ended them (in the next century—17th.) In the records of the London College of Physicians there is this concerning the coward. In 1559 "Dr. Geyurs was cited before the "college for impunging the infallibility of Galen. On his acknowledge-"ment of his error, and humble recantation, signed with his own hand, "he was received into the college." The two bold and original men were Paracelsus and Andrew Vesalius.

PARACELSUS (born about 1493–1541) publicly burned Galen's works at Basel, and disturbed the bigoted and slothful peace of the so-called regular faculty. For this progressive step he was branded the "Arch Quack;" and finally at Slazburg, was thrown from a window by the servants of an orthodox physician, and the fall broke his neck (1541)—a martyr to medical reform.

Paracelsus was no quack. The term would better apply to those who would belittle him. He came nearer the truth than any of his contemporaries when he declared, that "disease *did not* depend upon an excess "or deficiency of bile, phlegm, and blood; but *that it was an actual exis-"tence, a blight upon the body subject to its own laws*, and to be opposed "by some specific medicine." He struck the weak point of the prevailing system of medicine.

VESALIUS (1514–1564) made independent researches in anatomy; and, in 1546, published an attack on Galen, in which were set forth the errors of the infallible author. This exposition of Galen, by Vesalius, fired Fallopius, and he espoused the cause of Galen—so unyielding was the servile belief in the ancients.

The doctrine of Galen is embraced in two fundamental principles:—

First. "That disease is something contrary to nature, and is to be overcome by that which is contrary to disease itself." (The birth of palliative medicine.)

Second. "That nature is to be preserved by that which has relation to nature."

This first principle is still the key-note of the old school of medicine,

and is practically well expressed by the formula "*contraria contrarus curantur.*"

Galen placed great confidence in the doctrine of critical days (Hippocrates), which he believed to be influenced by the moon.

On the pulse, Galen was the first and greatest authority, and subsequent, writers adopted his system without alteration.

Galen's Therapeutics was crude in the extreme. His prescriptions contained many inert ingredients. Near the close of the second century he compounded and administered to Empor Severus that wonderful prescription known as Theriaca. It was a mixture, with honey, of 64 or 70 different drugs, half of which were inert and antagonistic, one to another. By the way, it is well to observe that this elephantine prescription was retained in the Pharmacopœias until the close of the last century. What a blot on medical progress.

Now, to say that Galen had wavering faith in drugs, would sound absurd; but his favorite treatment consisted in the use of amulets, which were ornaments, gems, medicated packages, etc., worn about the neck, or somewhere on the person. Cullen supposed Galen the author of the anodyne necklace so long famous in England.

There is yet another man among the ancients who deserves mention because of his long, immaculate, professional supremacy. Behold the man! *Dioscorides.* He flourished in the 1st and 2d centuries (A. D.) His great work, "De Materia Medica," treats of all the *then* known medical substances, and their properties, as appled to the "humoral pathology." For fifteen centuries this man "*maintained undisputed* "*authority* in botany and materia medica, and still holds that authority "among the Turks and Moors."

Now is the time for retrospection. The facts are, that for fourteen centuries (from the second to the sixteenth century,) the medical world stood still just where Galen and Dioscorides left it. This comatose condition was not because they had raised medicine to so high a state of perfection—far from it; but because of three mighty depressing powers, viz.: old religion, old philosophy, and intellectual poverty, which sat as huge mountains on the road of all progress. Before the close of the sixteenth century two of these barriers had given way, and with this age *the* evolution is resumed.

THE SIXTEENTH CENTURY.

Two men of this century, Paracelsus and Vesalius, have already been mentioned in connection with Galen. They did much to disenthral their contemporaries from the ancients; and the latter, together with Fallopius (born about 1523–1562) and Eustachius (born early part of sixteenth century, died 1574,) restored and greatly advanced the science of anatomy.

The father of surgery, *Ambroise Pare* (born about the first of the sixteenth century, died 1590), deserves mention in this period. He instituted (1536) humane treatment for gun-shot wounds, instead of the barbarous practice of cauterization with boiling oil; and substituted ligature of the arteries, for cauterization with red-hot iron, after amputation.

Tying of arteries had long existed as an idea, but Pare was the first to show that it could safely be applied to practice.

The first *compound* microscope,[1] invented by Zacharias Jansen, in 1590, belongs to this century. By the aid of the microscope many important discoveries in medicine were made in the next century, and in all subsequent time.

THE SEVENTEENTH CENTURY.

In the 17th century the art of medicine began to move rapidly forward. Several important anatomical discoveries were made. William Harvey (1578–1657), in 1616, discovered the circulation of the blood; Casper Aselli (1581–1626), in 1622, discovered the lacteal vessels; [2] and Marcello Malpighi (1628–1694) described the anatomy of the skin, spleen, and kidneys, and discovered the corpuscles of the blood (1661), as he was first to examine blood with the microscope.[3] By the microscope came Histology, and Malpighi's researches mark the first germs of that now wondrous science.

"Coming events cast their shadows." Cotemporary with this distant foreshadowing of histology, there was born another important medical science—chemistry.[4] Chemistry was evolved from alchemy—was foreshadowed by it. The promulgators of this new science, which has been an indispensable factor in developing physiology, added many valuable drugs to our Materia Medicas, furnished us with antidotes for poisons, etc., were Jochim Becher (1625–1682) and John Ernst Stahl (1660–1734).

Becher was author of the first Theory of Chemistry, and Stahl furnished the first theory of combustion, known as "phlogistic[5] theory" (1697).

This "Phlogistic Theory" Stahl applied to pathology, and asserted that plethora, either local or general, was one of the chief causes of disease (very true).

His treatment was in harmony with his special views, and the time-honored use of drugs to produce contrary effects to those of disease, and was, therefore, confined mostly to bleeding and laxatives.

With the science of chemistry there arose a chemical school of Medicine, a good representative of which was Thomas Sydenham (1624–1689). The physicians of this school used mainly chemical preparations, and chiefly the salines.

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1 "—The microscope, instead of dating from our time, finds its brothers in the Books of Moses, and these are infant brothers." Quoted from Wendell Phillips' lecture, "The Lost Arts."

Lost arts must be regained, as at first, by evolution.

2 Gaspard, Hoffman, and Harvey zealously combated the discovery of Aselli, and it was nearly half a century before this great discovery was admitted. Before Aselli's time it was supposed that the chyle was carried by the mesenteric veins to the liver.

3 Austin Flint, in his late work on physiology, says that Leeuwenhoek was first to discover the corpuscles of *human* blood, and that was in 1673. That Malpighi was first to see blood corpuscles (hedge hog), but did not recognize them as such.

4 Wendell Phillips, in his lecture on "The Lost Arts," says: "The chemistry of the most ancient period had reached a point which we have never even approached, and which we in vain struggle to reach to-day."

5 Phlogistic is from phlogia, meaning inflammation.

In 1658, Sylvius applied chemistry to animal economy.

Alfronso Borelli (1608–1679) belongs to this age. He instituted the mathematical school, which applied the laws of mechanics to the motions of animals. Here, too, must be mentioned Van Helmot's "archæus," and Stahl's "anima" (soul), which were the foreshadowings of what is now termed "vital principle," or nature.

In this century the last great barrier to progress gave way when the new philosophy was born—the inductive Baconian philosophy.

THE EIGHTEENTH CENTURY.

With increasing age came increasing wisdom. Old things had passed away. The fetters which had bound intellectual and professional progress had now all snapped asunder, and the *past* told mightily for the *present.*

This age is the *first*, in the world's history, that stands out emphatically, distinctly, and completely modern.

Now we hear of clinical instruction first given by Boerhaave (1668–1738), and the science of physiology (1757), of which Haller (1708–1777) was the father. Haller is also especially associated with muscular irritability. He asserted that irritability and sensibility were specific properties of the muscular and nervous systems.

In 1822 came "the greatest discovery in physiology since the description of the circulation of the blood." Then Magendi published his first experiments on the roots of the spinal nerves; and declared the anterior roots to be motor, and the posterior to be sensory nerves.

Next we must record the first Nosology, that by Sauvage, in 1763, which remained the standard work up to 1772; and then the Nosology by Cullen.

In 1785, John Hunter (1728–1793) announced his famous operation for the cure of aneurism—that of tying the artery on the cardiac side of the tumor.

In 1796, Edward Jenner (1749–1823) made his crowning experiment in vaccination, and two years later published a work on the same. This great discovery of Jenner's has been styled "that masterpiece of medical induction."

In this age Bruno-nianism, or Brownism, was given to the world by John Brown (1735–1788). Brown divided all diseases into two classes —sthenic and asthenic. A disease was called sthenic when there was an excess of excitement, and asthenic when there was a deficiency of excitement. He treated sthenic diseases with debilitating drugs and opium, and asthenic diseases with stimulants, such as wine and brandy—still, practically, the old theory of treatment by contraries.

Let us now pause to note two facts which have characterized the past down to the present century:—

First Fact.—Professional effort, from the time of Hippocrates (460–357 B. C.) to near the close of the present century (18th,) was largely spent on anatomy, pathology, chemistry, and physiology, to the neglect of Therapeutics; consequently therapeutics, in the eighteenth century, was very crude—but little better than in the days of Galen, and that too notwithstanding Materia Medica had been considerably augmented.

Second Fact.—Therapeutics, from Galen down to John Brown, and later, whatever the various pathological opinions, had almost invariably been tested by the principle of "*contraria contrarus curantur.*"

This crude and inefficient condition of therapeutics was mainly because of two reasons: First, the other medical sciences naturally took precedence of therapeutics, and demanded development first. And secondly, drugs were administered to the sick ignorantly, *i, e.*, without a previous knowledge of their action on the healthy human organism, for the physiology of drugs was yet a mystery.

With these facts in our mind, let us continue the consideration of the eighteenth century.

There remains to be mentioned two important events, which did immensely more to advance the art of medicine, more especially that part of it known as therapeutics than any other events that have ever transpired in the history of medicine. I refer to drug physiology; and the new school of medicine, or homœopathy. These events were greater "master-pieces of medical induction" than Jenner's vaccination.

We first hear of drug physiology, which is the proving of drugs on the healthy human organism, near the close of this century. The first to make this new departure was Baron Von Stoerck. In 1760, he tried Stramony on himself, and, previous to this, Cicuta (Conium Maculatum). Haller, Hahnemann, (Cinchona 1790), and Crumpe (Opium 1793), also proved drugs on themselves, and others, a little later in this century.

Close on the heels of drug physiology, came that other great truth and fruitful revelation, known as scientific inductive medicine, or homœopathy; or the union, by Samuel Hahnemann, of drug physiology with the law of similars—"*Similia similibus curantur.*"

THE LAW OF SIMILARS.

A law of similars had come down through the ages out of pre-historic times. We find a law of similars, by signatures, first recorded in the books of Moses. Thus in Genesis xxx, 14 to 17, inclusive, mandrake (of the same family as the common carrot,) from its resemblance to the human form, was used as a remedy for sterility. Again, in the same chapter from the 37th to 39th verse, inclusive, is given the influence of this law of signatures on the offspring of the flocks. We are told that rods from the green poplar, the hazel, and chestnut tree, pilled in "strakes" and placed in the watering troughs, from which the flocks drank, caused them to bear cattle "ring-straked, speckled, and spotted." And in Numbers xxi, 6 to 9, inclusive—Moses lifted up the serpent of brass in the wilderness, as the Lord directed him in answer to prayer, that those bitten by the "firey serpent" might look upon, and live. But such homœopathy as this, and that mentioned by Hippocrates, as well as that taught and discussed in the 16th and 17th centuries, are no part of the scientific inductive homœopathy, as taught by Samuel Hahnemann.

Homœopathy is not an "exclusive dogma," nor an independant and complete system of medicine; but rather, *the latest advance step in the natural evolution of medicine.*

SEVERAL METHODS OF DRUG ACTION, THE ORDER OF THEIR EVOLUTION, AND THEIR DEGREES OF USEFULNESS.

The evolution of medicine has thus far developed, at least, four methods of drug action; and they succeeded each other normally and naturally as follows: First, mechanical medicine, not including surgery; next, scientific chemical medicine; then, scientific palliative medicine; and finally, Scientific Curative Medicine.

Mechanical medicine is the mechanical use of drugs, *i. e.*, using a drug to induce an organ to act mechanically. For example, the use of an emetic to unload a stomach containing poison, or indigestible food, which, in a child, may occasion convulsions. Another example—the use Ergot (Secale Cornutum) to arrest post-partum hæmorrhage by exciting contractions of the uterus.

Chemical medicine is the chemical use of drugs. Examples of this practice: The use of Iodide of Potassium to redissolve the solid mercurial compound formed by the union of murcury with albumen, and thus eliminate mercury from the system. The use of Nitric Acid, in oxalic acid urine, to relieve an irritating cause of disease.* The administration of Carbonate of Magnesia ($MgCO_3$) to neutralize the poisonous action of the mineral acids.

Pallative medicine (allopathy) is the use of drugs to mitigate the violence of pain and disease; and is an effort to restore a diseased system by using drugs either to excite, or depress, organic action. Examples of this practice—The used of Morphine to conceal agonizing pain, which from the nature of things, cannot be cured. Narcotics to induce sleep, which is necessary to the best interests of the patient; and which can not otherwise and as well be obtained. The use of mucilaginous and oleaginous preparations in burns, which relieve pain by excluding the air from exposed and irritated tissues and nerves. The use of electricity and alcoholic stimulants, in shock, to restore the heart's action. The use of a cholagogue to unload a torpid liver. The hot bath to overcome spasm of the sphincter urini; or to shorten a congestive chill. The cold bath to relieve the high temperature in fevers, etc.

Curative medicine (homœopathy) is the curative use of drugs, *i. e.*, using them according to a natural and well established law; and its *modus operandi* is as follows: Drug action on the *healthy* is first determined (drug physiology); and drugs administered to the healthy, long enough, and strong enough, produce morbid conditions, known as drug disease (drug pathology); this also is primarily determined; and then in the treatment of disease, that drug is administered, whose action, as

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* Nitric Acid (HNO_3) will dissolve Oxalate of Lime, which is Calcic Carbonate and Carbonic Oxide.

$CaCO_3$ — Calcic Carbonate.
CO — Carbonic Oxide.

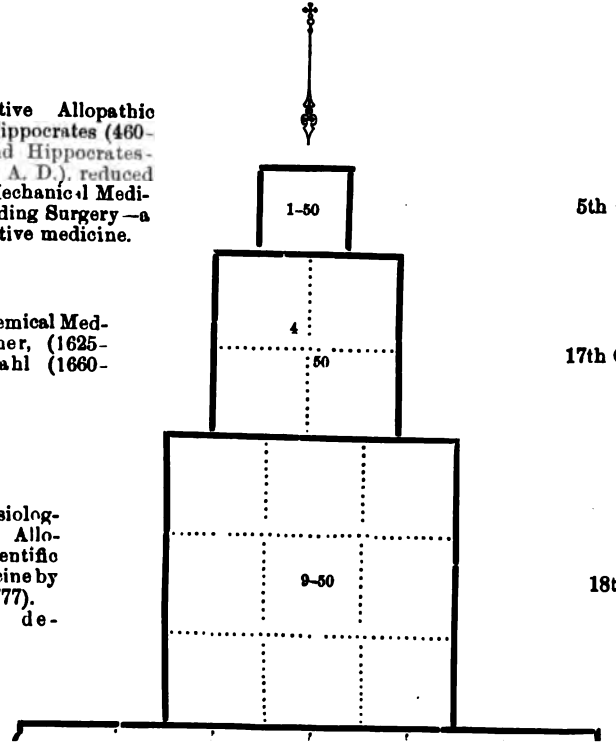
CaC_2O_4 — Oxalate of Lime.

Oxalic Acid ($C_2 H_2 O_4$), in the urine, unites with Phosphate of Lime [$Ca_3 (PO_4)_2$], lso in the urine, and thus Oxalate of Lime is formed.

RELIGION.

MAGICAL AND PSEUDO-MEDICINE. *

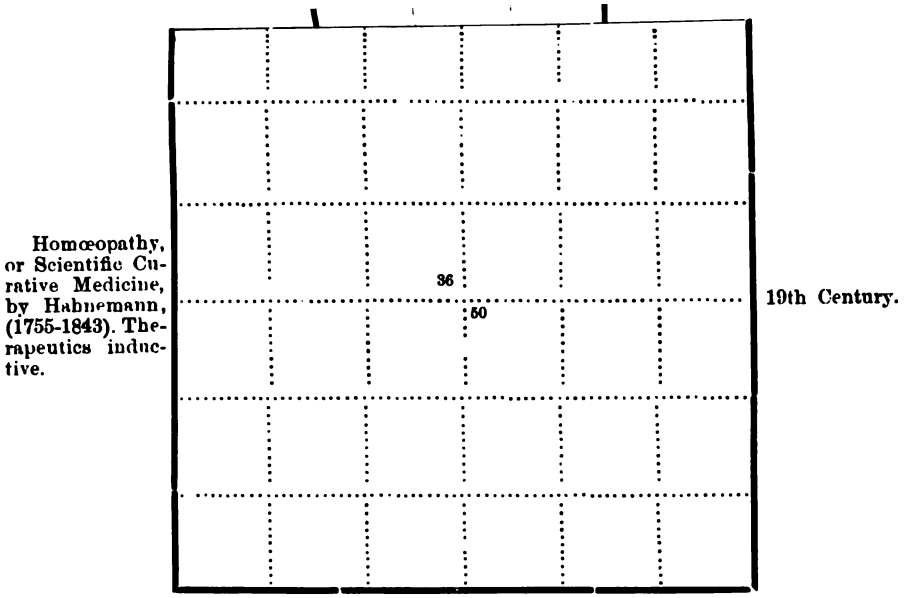
QUACKERY.



Old Deductive Allopathic Medicine, by Hippocrates (460-357 B. C.) and Hippocrates-Galen (130-201 A. D.), reduced to Scientific Mechanical Medicine, not including Surgery—a species of peliative medicine. — 5th Century B. C.

Scientific Chemical Medicine, by Beecher, (1625-1682,) and Stahl (1660-1834). — 17th Century A. D.

Modern Physiological Phase of Allopathy, or Scientific Palliative Medicine by Haller (1708-1777). Therapeutics deductive — 18th Century.



This map will not apply to medicine as practiced to-day by the profession generally; but it is designed to show what *the* practice should, and will be, when the four methods of drug action are generally recognized and properly used.

*Of vague and indefinite proportions and pregnant with ignorance and superstition. Unscientific medicine.

NOTE.—Scale of Diagram, one-half inch square. $1+4+9+36=50$.

above proven, most nearly corresponds to the disease to be treated; and the drug is given in doses which stop short of a manifest, or appreciable physiological, or pathological action. In other words, the drug cures without arousing the system (organism). Examples of this practice: The use of Ipecacuanha to cure a certain kind of nausea and vomiting; Belladonna, to cure, (when the similimum) congestive headache; Tartar Emetic, to cure a certain stage, or state, of pneumonia; Aloes, to cure a denfinite dysentery and hæmorrhoids; Cantharis (Spanish fly), in inflammation of the genito-urinary track, when the symptoms demand it; Iodide of Potassium, in the early stages of coryza; Mercury, in idiopathic salivation with spongy and bleeding gums. And thus we might go on almost indefinitely with examples of this method of treatment; but we forbear and resume our theme.

Each one of these four methods of drug action, as has been shown, *fills a special but limited sphere*; and each, in its legitimate and true application, has no rival. These methods, then, when rightly understood, classified, and used, will not be found antagonistic; but will harmonize—each representing fractional parts of one complete unit, or system of medicine.

The *approximate*, relative scope of these four methods of drug action, and the order of their evolution, may be illustrated by the following diagram:—

This diagram further interpreted means, that out of every fifty patients homœopathy *should* treat thirty-six, or seventy-two, out of every hundred; allopathy, eighteen, out of the hundred; chemical medicine, eight, and mechanical medicine, two. If the allopath rejects homœopathy, then he fails to treat, in the best and most successful way, seventy-two out of every hundred of his patients; and the homœopath, who ignores allopathy, fails to treat, in the best and most successful way, eighteen out of every hundred of his patients.

All four methods are equally true; but vary in their degrees of usefulness. When rightly understood, they will not conflict, for in the very nature of things, truth cannot war with truth.

HARMONY AND UNITY IN MEDICINE.

Natural history recognizes five grades or degrees of animal life. The lowest branch are the protozoans, such as the amœba and sponge, then in advance of these comes the branch of radiates, of which red coral and the star-fish are types; next higher, in the scale of life, are the mollusks, represented by the oyster and the snail; above these, are the articulates —worms and bees; and over and above these is that division most highly endowed with life, and possessing the finest organizations and the greatest diversity of functions, viz.: the vertebrates, ranging from reptiles to man.

In the animal kingdom, and in all nature, there is the greatest possible diversity; and in all this diversity there is perfect unity.

"All nature's difference keeps all nature's peace."*

And so with medicine. Its diversity of methods of drug action, with their various degrees of capabilities and usefulness, tends to harmony and unity. In medicine, as elsewhere, it is diversity that secures unity. There are no grounds for conflict in all true medicine.

There is system and order in medicine—not mutiny. All medicine is one—it is an organic unity; but this one system is made up of different methods, and each method has its own peculiar and unique field of usefulness. We may liken the system of medicine, as thus understood, to the human system. Of one body there are many members, each fulfilling a different office for that body. "The eye cannot say to the hand, "'I have no need of thee'; or again, the head to the feet, 'I have no need "of you,'" for all the members of one body are necessary to that body. "And when one member suffers all the members suffer with it; or one member be honored, all the members rejoice with it."

The perfect physical man has five senses. The noblest of them all is seeing. Medicine has three or more senses. The most noble and useful of them all is the new therapeutics—homœopathy. Homœopathy is the seeing, and allopathy is the tasting and the feeling. But allopathy suffers without eyes (homœopathy); and homœopathy is oftimes duped for lack of taste (allopathy).

Take another illustration of the same thought: White light is composed of seven different colors. Any two colors, which contain all the other colors, are complementary, because combined they produce white

* Alex. Pope—"Happiness."

light. If you please, in medicine there are many colors (methods), and those colors are complementary. When allopathy and homœopathy mutually mingle, then have we the true light—the white light in medicine.

THE NINETEENTH CENTURY.

With pride I now turn to our own—the nineteenth century. When I consider what a mighty age is ours, so far in advance of all the other ages in the world's history, I pause at its threshold, and with trepidation enter into its majestic presence.

This age has made rapid advance in all the old departments of medicine, and has created some new departments. Early in this century Laennec (1781–1826) discovered (1816) the medical use of the stethoscope; and, in 1819, published a work on auscultation, which greatly improved diagnosis. Percussion, although originated (1761) by Avenbugger (1722–1809), was introduced by Corvisart (1755–1821), and so largely belongs to this period. Here too must be mentioned comparative anatomy and physiology, morbid anatomy, the use of electricity in medicine, discoveries by pharmaceutical chemistry, and the growing researches with the microscope, all of which have added very largely to the science of medicnie.

This is the age of anæsthetics and great achievements in surgery. What a glorious discovery to find a safe means by which all operations may be rendered painless.

This is therapeutical age of medicine. At the opening of this age we behold homœopathy in its A. B. C.; for its first Materia Medica was not published until 1805. Hence this age has given the new therapeutics to the world; and has witnessed its transforming influence on the old therapeutics.

Homœopathy is now no longer the unsophisticated, bare-foot boy, that was abused and made fun of by his older and stronger schoolmates, for he has outwitted them; and now, in the pride of noble and vigorous manhood, with every victory fairly won thus far, and his colors never having been trammeled in the dust, he is going steadily and irresistably forward by his own merits; and his enemies, ere long, will acknowledge that he rightly belongs in the position he has already acquired, viz.: rank first! the purest, most advanced and efficient in drug achievements.

This age classifies therapeutics, by definitely determining, and then, definitely distinguishing, drug action.

Science has to do with cause and effect, action and reaction, antecedent and consequent; and is bringing every thing down, as far as possible, to a system, and revealing natural law. What once was chaos is now order. "Order is Heaven's first law." Law is universal and everywhere exists, whether we recognize it or not—

"The Universal Cause
Acts not by partial, but by general laws."

Our wisdom is as our acquisition of natural law. A natural law exists in medicine. Man has recognized and conforms to it in the treatment of disease, hence the advance in therapeutics, and the low rate of mortality, in curable diseases, as compared to the last century.

There is a time for everything. Revelations of nature and truth are not spontaneous. We must measure up, by degrees, from the lesser to the greater. We look upon a perfect machine. How came it? By repeated inventions, at different times, either of one mind, or of several minds. Transitions do not take place suddenly. We have the rotation of the seasons. The dawn precedes the day; the bud the flower. We must creep before we walk. Both mentally and physically—

"——— ———, from hour to hour we ripe and ripe,
And then, from hour to hour, we rot and rot."

To advance we must conform to conditions, and all the conditions in their order. The time when a boy spells, is when he has learned his letters; and the time when he reads, is after he has learned to spell. If he never mastered his letters, he would never read. Even—

"Heaven is not reached at a single bound;
But we build the ladder by which we rise
From the lowly earth to the vaulted skies,
And we mount to its summit round by round."

All this is the natural order of things.

Truth lies at our feet, we tread upon it. It is over our heads, and about us everywhere; but we do not recognize it until we have gained the right position, *then* the apparent, not actual, fog lifts, and our vision and comprehension are clear. We, ourselves, are the fog—truth is ever clear! Our own condition determines for us the time for each and every truth.

In science, the truth dawns little by little, one step making another possible, one generation adding to the discoveries of the previous age; and in this way, after this natural order of events, has man created mental, moral, physical, and mechanical science, and all the known sciences. And by this common law does he live, study, construct, and discover. Most assuredly there is a time for everything—an indefinite though positive time.

At the opening of the Brooklyn bridge, the 24th of last May (1883), Hon. Abram S. Hewitt, in his oration, spoke of that wonderful structure as follows: "Man hath indeed wrought far more than strikes the eye in "this daring undertaking, which, by the general judgment of engineers, "stands to-day without a rival among the wonders of human skill. It is "not the work of any one man, or any one age. It is the result of the "study, of the experience, and of the knowledge of many men in many "ages. It stands before us to-day as the sum and epitome of human "knowledge; as the latest glory of centuries of patient observation, pro-"found study, and accumulated skill, gained step by step in the never "ending struggle of man to subdue the forces of nature to his control and "use. In no previous period of the world's history could this bridge have "been built. Within the last hundred years the greater part of the "knowledge necessary for its erection has been gained."

These remarks of Mr. Hewitt will aptly apply to medicine. And when we speak of medicine, *we embrace all methods as one grand system.*

"In no other period of the world's history could" medicine have reached

its present state of perfection. The present *status* of the healing art, while it "is the result of the study, of the experience, and of the knowledge of many men in many ages," yet of that part of it known as the new therapeutics, *which is the greatest and most advanced step in medicine* we may say, that knowledge, as well as much other valuable information, have been gained within the last century. And homœopathy could no more have come before allopathy, than allopathy, before crude and false medicine, or quackery. Each of the several medical methods followed a natural order, and rank according to that order; and each, in its place is best.

We are done with the past. Now—

"Watchman, tell us of the night,
What its signs of promise are!"

Traveler, consider! We are in the last quarter of the nineteenth century. This is the age of religious liberty and freedom of thought and labor; the age when railroads cover continents like one immense spider-web, and lightning is sent round the world at our will; when daily at our breakfast-table we read the events that have taken place all over the world. This is the electric age. The mysterious force which Franklin took from the clouds, a little over a century ago (1752), now lights our streets and dwellings. This is the age when man converses with man over miles of intervening space, and one day is as ten of a century ago. This is the age of the survival of the fittest. Carlyle says: "The race "of life has become intense; the runners are treading on each other's "heel's; woe to him who stops to tie his shoe-strings." O, weary traveler! We are living in a grand and awful time, when to be living is sublime.

In such an age as this, medicine is not one whit behind the times. The present light of medical knowledge is the brightest ever yet attained. It is so bright and disseminating, that the dark clouds of bigotry and prejudice are fast giving way before it; and the advance guards in medicine, with broad minds and honest purposes, are searching for truth in medicine, anywhere and everywhere. Their cry is, truth! What is truth? and where is truth? and their motto is: "Prove all things, hold fast that which is good." A standard is thus being set up, which, in the near future, shall prove medical men, not by their creed, ethics, and orthodoxy; but by their professional merits, and ability to prevent and overcome disease. Already the American Medical Institute has buried the hatchet (old code). The times are propitious. They tell us of the dawning of a day when a new school of medicine shall exist. A school not sectarian, but universal; a school, which shall grow out of the consolidation of the two rival schools of to-day; and which shall be termed, not allopathic, nor homœopathic, but the true school of medicine. Truth is one! true medicine is one! and THE profession are to be one!

Gentlemen: of old, philosophers talked and dreamed of unity; but it was only a dream, and thus it has been in all ages. But to-day, with the vast experiences of the past, and in the accumulated light of centuries we are beginning to realize a broad unity, which is made possible by a

diversity of fitness based upon a mighty and never-failing principle—truth. And the day is coming, in the building of the grand medical temple, symbolical of the perfect unity of the healing art, when it will be said,—homœopathy, "the stone which the builders refused, is become the head-stone of the corner."

XVIII.

Purpura Hæmorrhagica Following an Overdose of Sanguinaria Canadensis.

By W. M. DECKER, M. D., Kingston, N. Y.

The subject of this disease was the second child of good parentage—a male æt. 3 years. Temperament, leuco-phlegmatic. Head and frame large, and well-proportioned. Tissue largely adipose; muscles flabby. Complexion blond. Mentally bright, with a jolly, good natured, playful disposition.

The child has an asthmatic or catarrhal diathesis, and easily catches cold; but, excepting an occasional attack of asthma, and repeated coryza and mild laryngitis, had been usually well up to the time of this sickness.

His appetite was good, and he was very fond of cow's milk, upon which he mainly subsisted. He drank the milk cold; and, soon after drinking it, the surface of his body would be cool, his face, and especially his ears, pale, cold, and anæmic. This condition, and his susceptibility to catching cold, are suggestive of a lack of vital force.

For a short time previous to the manifestations of the disease, he drank milk from cows, which were fed cotton-seed meal for the purpose of increasing the quantity of their milk; but this, I believe, had no influence on the disease.

Just preceding the disease he either had catarrhal laryngitis or asthma, for which an old school physician administered Sanguinaria Canadensis (Blood-root); and by mistake gave an over dose, which produced intense nausea, *emesis*, and considerable prostration. The following day there appeared, just under the skin, blotches of ecchymoma, first on the lower extremities and buttocks, and, a few days later, on the arms. In appearance these blotches were first a mottled scarlet; and after 24 hours they would be darker, then dark purple, and later green, and finally yellow—thus undergoing the same changes in color, as in ecchymosis from a bruise.

These subcutaneous hæmorrhages came multiple. The effusions frequently coalescing; but each blotch, or collection of effusions, was usually separated from its neighbor blotch, by a clear, but short interval. The effusions were larger on the lower than the upper extremities; and largest of all on the buttocks, where were discolorations as large as the palm of a hand. As one set of blotches were disappearing, fresh ones would

form, so that it was not uncommon to find effusions in all the various stages of change, on the body at the same time. These hæmorrhages, however, did not come and go periodically, or with any regularity; but when they did appear, it was usually in the night, and would be first noticed the next morning. Effusions did not occur on the trunk above the waist, nor on the head—excepting a very few miliary effusious in the external ears. The effusions were therefore limited to the extremities, with the exception of the buttocks and ears; and were generally larger posterior than anterior.

Accompanying the ecchymómata, there was intermittent fever, anorexia, partial insomnia, and anasarca confined to the extremities—more in the legs than the arms.

There was no fever in the forenoon; and then the child was somewhat playful, and could use his legs freely, and made no complaints. But every afternoon about 2 P. M., a slight fever would come on, and disappear again before the next morning. During the fever the child was cross and fretful, and desired his mother to hold him. He also complained of his legs hurting him; and would not stand on them, nor walk, unless made to do so. When forced to walk, he did so with difficulty and complaining; and his walk was stiff and clumsy. The anasarca was worse in the afternoon, as were all his symptoms, in consequence of the fever. There were no internal hæmorrhages; and the gums were not soft and spongy as in scurvy. His bowels were regular; and he had no head-ache, chill, nor sweat. None of the purpuric blotches were elevated above the surface of the skin, and none suppurated. Afternoons, when the disease was at its worst, his flesh was sensitive to pressure. This completes the full record of the symptoms as I remember them.

TREATMENT.

The milk diet was discontinued; and instead he was given beeftea, bread and butter, rice, potatoes, water, and lemonade.

The old school physician, on appearance of the purpura, administered Calomel; but when I first saw the child, a few days later (and by the way, I only saw him once, and then was in the house with him for 24 hours), I substituted Lachesis 6 centesimal trituration—a powder every 2 hours. The next morning a fresh lot of effusions were visible; and his general condition was no better. I then decided that Arsenicum was a more appropriate remedy, as it covered the anasarca, the fever, and general condition; and prescribed the 6 centesimal trituration, at first, every hour for a short time, and then every 2 hours. The following day the child was very much better. The anasarca of the legs had diminished considerably, the afternoon fever did not come on until two hours later than usual, and then with less severity.

The Arsenicum was just *the* remedy. The convalescence began with its administration. The anasarca quickly disappeared, the afternoon fever was vanquished in two days; and in two days more, the cure was completed. On the night of the second day after beginning the Arsenicum, there appeared a slight crop of purpura; but, with this exception, nothing marred a very speedy recovery.

The whole duration of the disease was not more than two weeks; and had the Arsenicum been administered at the outset instead of the Calomel, (old school) and afterwards Lachesis, by myself, I verily believe the disease would have yielded almost immediately.

PATHOLOGY.

Niemeyer, Vol. II., p. 755, says: "The reason for the tenderness of "the capillaries in Werlhof's disease (purpura hæmorrhagica) is ob-"scure. The extension of the hæmorrhages over various parts of the "body, its frequent occurrence among feeble and debilitated persons, and "among convalescents from severe illness, and its appearance in those "who dwell in damp, unwholesome lodgings, or in unfavorable conditions, "make it probable that the disease of the blood-vessels depends upon an "improper state of this nutrition, or upon insufficient or bad nutriment. "On the other hand, robust, powerful individuals, living under the most "advantageous circumstances, and who do not offer the slightest reasons "for a defective state of the blood, are also sometimes attacked."

DaCosta, page 684, says of this disease: "Its pathology is unknown. "It is clearly, however, not merely a disease of the blood; the capillaries "lose their retentiveness, either, as has been actually demonstrated in "consequence of degenerative changes*, or as the result of impaired "power, from the morbid action affecting directly or indirectly, the part "of the nervous system that controls them—the vaso-motor system."

I believe the true cause of this disease to be due, as DaCosta suggests, to some agent or agents acting in a peculiar and depressing way, directly on the vaso-motor centers. Thus, the disease is sometimes produced, as DaCosta mentions, p. 683, as the result of a sudden shock to the nervous system, such as a fright. (This you see, is in harmony with my theory.)

And, when purpura originates in the course of other diseases, as in diseases of the liver, Bright's disease, rheumatic fever, or as a sequel to the exanthemata, it is probably due to the same cause, *i. e.*, depressing action of some morbid agent on the vaso-motor centers.

Such action will explain the whole phenomena of the disease occurring in seemingly contradictory states of the patients. The vaso-motor centers preside over the circulation and the capillaries; also over digestion and assimilation; so that whatever depresses these centers in a peculiar way, will more or less destroy their influence over the capillaries, disturb the the circulation, and impair digestion and assimilation, if they be not already impaired. And, whatever impairs digestion and assimilation, must in turn, affect the quality of the blood.

The blood, in purpura, is not necessarily poor. "It is, indeed, one of "the peculiarities of any kind of purpura, that it may come on in the "midst of seemingly excellent health." DaCosta, p. 683.

So I contend, that there is only one direct and primary cause for the disease; but there are, or may be, several indirect and secondary causes.

My case resembles in some particulars purpura, or peliosis rheumatica, which was first recognized as a distinct disease by Schönlein.

*If DaCosta here refers to atheroma, I should say that disorder was no part of the disease, purpura hæmorrhagica, although it might occur independently along with it.

DIFFERENTIAL DIAGNOSIS.

The Author's Case.	*Purpura Rheumatica.*
Subject young—æt. three years, but had suffered from *no previous* rheumatism.	"Usually attacks young subjects with delicate skin, who have *already* suffered from rheumatism."
Purpuric *blotches* varying in size from a 10 cent piece to the palm of a hand.	Purpuric *spots* the size of a millet-seed or lentil.
The purpuric blotches occurred on the lower and upper extremities, but not on the trunk above the waist.	The purpuric spots occur only on the legs.
On first appearing, the blotches were bright red (scarlet), and did not disappear under pressure.	At first, the spots are bright red, and disappear under pressure.
The blotches, were extravisations from the first.	The spots in their first period, depend upon hyperæmia; but later, are extravisations.
The extravisations occurred in the subcutaneous cellular tissue—rarely in the skin.	Extravisations into the skin.
No elevations, from extravisation above the surface of the skin.	Elevations above the surface of the skin not uncommon.
The extravisations came in successive crops, without regularity or periodicity.	The purpuric spots occur, by fits, several times in succession.
The purpuric blotches underwent the same changes, in color, as a bruise.	The purpuric spots are first, bright red, and next, a dirty brown.
Complained of pain in the legs only in the afternoon.	Pain in the legs is the first sign of this disease.
Legs swollen and slightly œdematous—no pitting on pressure.	Legs swollen and œdematous.
Fever intermittent, and came on about 2 P.M.	Fever generally accompanies the disease.
The disease did not last more than two weeks; but, in that time, several crops of effusions took place. It was cured in 5 days with Arsenicum. One slight crop of effusions occurred in those 5 days, which may be regarded as a relapse.	The disease usually lasts several weeks, and, in some cases, drags on for months with repeated relapses. *Note.* I have access to only a meager description of rheumatic purpura, as given by Niemeyer and Da Costa; so that the differentation is probably more or less imperfect.

THE QUESTION.

It is a fact that this disease followed within 24 hours, an over-dose of Sanguinaria. Now the question arises—was Sanguinaria the exciting cause of this disease, or must we regard it as nothing more than a coincidence?

I am of the opinion that Sanguinaria induced the disease; and, if this can be substantiated, we should have in that drug *the* homœopathic remedy for purpura hæmorrhagica; and more—it should be useful in certain hæmorrhages.

Pathologically, you remember, I have taken the ground that the disease has only one primary and direct cause, which is to be found in the peculiar and depressing influence of some agent or agents, on the vaso-motor centers. Now, if it can be shown, that Sanguinaria has a similar action in this, and other particulars, then our point is well taken.

Dr. H. C. Wood says of Sanguinaria, page 435: "The only physiological study of the drug, as yet made, is that of Dr. Robert Mead Smith." * * * * He finds, among other things, "That there is a "progressive lowering of the pulse and arterial pressure after large doses, "caused partly by direct action upon the heart, *partly by paresis of the "vaso-motor centers.* Moderate doses of Sanguinaria, Dr. Smith finds, "to at first irritate the vaso-motor centers, and so produce a primary "rise of the arterial centers."

Now, for further analogy, let us compare the symptoms of the drug and the symptoms of the case, which are similar; and also its therapeutical use in hæmorrhages.

The Authors's Case.	*Sanguinaria Cana.*
Afternoon fever about 2 p. m. daily.	"*Afternoon fever, with circumscribed red cheeks. Fever 2 to 3 p. m. daily*"—*Hering.*
Seemingly *rheumatism of the legs* which came on *every afternoon and disappeared before the next morning—worse in the evening and at night.*	"*Rheumatic pain in left, also inside of right thigh.* Bruise-like *pain in thigh. Pain through hips extending down the right limb. Left leg and foot swelled in the evening—worse until* 12 *p. m. Knees are stiff.* Wandering *pains worse at night.*"—*Hering.*
On walking, *in the afternoon all the joints seemed to be stiff. Both legs swollen,* and slight anasarca, *most marked at night. Complained of pain in the legs.*	*All the limbs.*—"*Rheumatic pains,* worse in those places least covered with flesh, but not in joints. *Rheumatism in all joints with swelling* and spasmonic pains."—*Hering.*
Muscles apparently lame in the afternoon and sensitive to moderate pressure.	Sanguinaria seems to cause *pains of a rheumatic* or *myalgic character.*"—Hale, page 712.

The Author's Case.	*Sanguinaria Cana.*
Restless and wakefull.	"*Sleepless at night, wakes* with fright, as if he would fall."—Hering.
Loss of appetite.	Craving for he knows not what, with *loss of appetite.*"—Hering.
Numerous *hæmorrhagic effusions* just *under the skin* and *in the cellular tissue* of various sizes, the most of them as large as a 50 cent piece, and some as large as the palm of the hand. They came in successive crops on the legs, buttocks and arms, but not on the trunk of the body above the hips. *These effusions came in the night.*	*Hæmorrhagic. Therapeutics of Sanguinaria.*—Dr. Morrow relied on Sanguinaria as a remedy for hæmorrhages in general, because of "its power of quieting excessive or depressing the natural circulation. He advised it particularly in hæmoptysis, it has also been used in menorrhagia, epistaxis, etc."—Hale page 712. "It is probable that *it is also homœopathic to some of the varieties of apoplexy.* Its known curative influence over hæmorrhage from congestion would suggest its use in *Sanguineous apoplexy.*"—Hale, page 714. "Dr. Marrow praises it very highly in hæmoptysis." "In one case which came under my observation, it seemed to correct the bleeding promptly. Cases have been reported to me where the tincture of blood-root cured spitting of blood which had resisted other means."—Hale, page 724.
Note.—The symptoms which are similar, are in *italic.* Most of the symptoms of the case are *objective.* The child was *too young for subjective symptoms.* Could the subjective symptoms been attained, doubtless, the similarity would have been more striking.	"Dr. Burt asserts its curative power in hæmorrhoids"—Hale p. 720. "It is homœopathic to threatened abortion" with certain indications.—Hale, page 721. Useful in gingivitis with spongy and bleeding gums.—Hale, p. 716.

As the physiological and pathological effects of Sanguinaria are not very distinctly known, as yet, it is well to remember this case, as subsequent observations and experiments may verify its homœopathisity to purpura; and certain varieties of hæmorrhage. To substantiate this pathogenetic action of Sanguinaria, it is not necessary to show that it invariably acts that way in all subjects; but, if one or two undoubted cases can be vouched for, in which the drug caused purpura, that is sufficient. We accept the action of Phosphorus on the lower jaw, from the *few*,

rather than from the many cases, in which it has caused necrosis. Thus we read in Hughe's Pharmacodynamics, 4th edition, p. 734: "Dr. Wag-"ner finds that if rabbits are kept for some time in an atmosphere "impregnated with the fumes of phosphorus, *in a small minority only*, "does there appear periostitis and necrosis of the jaws, just as the same "thing occurs *in but a few* of the workers in it." Hughes further says, that "He (Dr. Wagner) fairly argues (concerning the few in which ne-"crosis occurred) that there must be some personal casual condition in "each individual case, in addition to the general influence to which all "are exposed alike."

Again Hughes argues: "The fact that *any* (in which no local lesion "existed) are so affected should indicate that the influence (of Phos.) "is not local but constitutional." Surely we must not ask for more positive proofs of Sanguinaria in purpura, than of Phosphorus in necrosis.

XIX.

Chronic Hypertrophy of the Tonsils.

By G. C. QUEZADA, M. D., Brooklyn, N. Y.

The subject of chronic tonsilitis is one of great importance to the physician, not only on account of its frequent occurrence, but also because of its apparent obduracy to treatment. I say "apparent," for by careful consideration of the subject, we can readily discover that its unmanageability is no greater than that of any other sub-acute disease, if we only employ the right means to conquer it, and have patience enough to see it vanish in due time, instead of trying to hurry nature in suppressing it quickly by violent measures. Indeed, the greatest source of failure in the cure of this complaint arises mostly from the lack of perseverance in the physician as well as the patient.

In order to be able to discuss more intelligently the treatment of this affection, we shall first consider its etiology.

Chronic enlargement of the tonsils is sometimes congenital, but it generally supervenes after an attack of acute tonsilitis or quinzy, or after the exanthemata, and we have seen it appear after the subsidence of parotitis. It is also said to prevail a great deal at the age of puberty, perhaps from some sympathy with the sexual organs.

But all these causes seem to be only the exciting ones, and behind them there appears to prevail some dyscratic condition which lies latent in the system and only waiting for an opportunity to waken into action. This may be either a syphilitic or a psoric diathesis, from which we conclude that the disease in question is constitutional and not merely local, therefore requiring for its radical cure a constitutional treatment.

It has been observed, nevertheless, that as a rule, a progressive diminution in the size of these glands, begins to take place after the age of

thirty, and that spontaneous cures do take place some times in this way.

As an immediate cause, this disease may be due to violation of some ganglionic center of the sympathetic nervous system, probably the carotid plexus, causing increase of blood to the part and nutritive disturbances.

Amongst the chief symptoms of this malady, the following may be mentioned. A change in the quality of the voice. Impeded respiration, especially during sleep. More or less deafness. A dull expression of the face, and lastly the enlarged appearance of the glands themselves, varying all the way from the size of a chestnut, up to that of a hen's egg, one tonsil being generally larger than its mate. It is usually associated w ith delicate gastric powers. The impeded respiration gives rise to more or less general disturbance of the system, especially in children, in whom it has been known to cause that affection termed "Chicken breast" and other thoracic deformities, probably due to the increased efforts of the diaphragm in overcoming the obstacle to impeded respiration together with the yielding condition of the bones in childhood. It also produces diseases of the brain and abdominal organs and in one word, all such maladies as we might expect from a deficient oxygenation of the blood. From these conditions it is easy to conceive how much influence this affection may exert in the production of one of our most common and dreaded scourges, viz: Phthisis pulmonalis. The consciencious physician who considers all these things and who cares for the future of his patients, will not content himself with the mere removel of the superficial symptoms, but will call into play all his skill and patience, especially in cases like these which allow ample time for the most thorough study of the symptoms by which he may be enabled to select accurately his homœopathic remedy, with which he may correct that condition in the system whose effects we have noted.

The common school of course contents itself with the removal of the glands, either by exterpation or else by excication and uses for this purpose all manner of astr ingents as the Perchloride of Iron, or escharotics as the "London paste" and the Lunar Caustic, also parenchymatous injections of different acids, etc., and sometimes even constitutional treatment, as Cod Liver Oil, etc. The constitutional treatment is doubtless the one really scientific and efficacious methods of combating this abnormal condition, and all other external and violent means of trying to get rid of the symptomatic enlarged glands, seem to us as much quackery as it is to give Opium for all kinds of pains, without regard to their character or origin.

But it may happen sometimes, that an attempt at homœopathic treatment fails, either from want of skill on the part of the physician or else by reason of our still incomplete and imperfect materia medica. In this case if the patient *must* get rid of his tonsils, we should choose of all evils the least, and it seems to us that partial excision of the glands would give rise to the least constitutional disturbance and would therefore be preferable to escharotics or astringents which would tend to a repercussion of the disease into the system with its inevitable deleterious consequences.

As these organs must have some physiological importance this very fact should entirely preclude the idea of their entire extirpation as advised by some, but they should merely be reduced to about a normal size by means of a well directed incision, for it has been observed that their complete extermination has been followed by more or less serious chest troubles to which the patient had not been subject before, and this alone should be argument enough to condemn such practice. Their partial removal is of course only a palliative measure, for as a rule the tonsils will again in time, attain their former or even larger dimensions as I have observed especially in those cases where no constitutional treatment had also been instituted for its prevention.

If the common school has sometimes been able to cure this affection with Cod Liver Oil, it must be on account of the small percentage of Iodine which it contains and when "Iodium" happened by chance to be the indicated remedy. The same holds true in regard to Iodide of Potassium and the spring waters. We as homœopaths know that there is no such thing as a specific for this or any other pathological condition, and therefore instead of prescribing at random as the common practitioner does, we know better and try to find *the specific* for each individual case in a scientific way in accordance with the natural law of therapeutics, "*Similia Similibus Curantur.*"

A good number of homœopaths will nevertheless run into routine practice and prescribe for the general pathological condition rather than for the individual case. Thus, associating a few favorite remedies with each nosological name, they will almost invariably prescribe either Baryta Carb. or Calcarea Iodata for nearly all cases of enlarged tonsils, and without stopping to consider whether these remedies are or are not well indicated, consequently they fail in the majority of cases and have to resort to allopathic treatment and harsh measures.

If we can see an obstinate chronic hypertrophied tonsil return to its normal size in the space of ten months or a year, by the occasional administration of the indicated remedy in not too low a potency, we ought to be well satisfied, for that would mean that we had accomplished a cure of scrofula or perhaps something worse. During the course of treatment, the patient should of course observe diatetic rules strictly and avoid all exposure to the inclemencies of the weather as much as possible.

The therapeutics of this or any other disease consists simply in the selection of the homœopathic remedy which covers the greatest number of symptoms both objective as well as subjective, and whose characteristics resemble the characteristic symptoms of the patient. If we have a remedy otherwise well indicated, but whose pathogenesis lacks the enlarged tonsils, this circumstance does not contraindicate it in the disease under consideration. Carroll Dunham cured a case of albuminuria with Arsenicum although he did not know at the time that this drug could produce this condition, it being only the concomitant symptoms which indicated it. Hahnemann also cured a case of syphilitic warts with Chamomilla^{30c} because his patient had the indications for the remedy although it has been never known to produce such warts. Thus we see

that our remedy for chronic tonsilitis may be selected without particular regard to the tonsils, the general characteristic symptoms of the patient being of most importance.

This being a sub-acute disease, the indicated remedy should be administered at long intervals and in not too low a potency. The longer the disease has existed, the longer the intervals and the higher the potency. This is Hahnemann's advice in his "Chronic Diseases" and it has been corroborated by those who have had experience in the successful homœopathic treatment of chronic diseases. Just as it is reasonable to repeat the dose every hour or half hour in those acute diseases which run their course in a few hours, so it is as reasonable to administer it in proportionate intervals in those diseases whose course run for several years.

Amongst the remedies more often indicated in the treatment of this complaint, the following may be noted, together with some of their characteristic indications.

Arnica Montana. This remedy has cured some cases especially in persons of weak gastric powers, subject to attacks of dysentery, with constant feeling of nauseous repletion in stomach with bad taste in mouth and eructations smelling of rotten eggs. Head constantly hot with cold limbs and frequent bleeding at the nose. Sleep disturbed by frequent change of position, as the bed *feels so hard.* Afraid of being touched or hurt by persons passing near by. Easily ecchymosed skin. Nervousness. Inability to stand the least pain. Plethora.

Baryta Carb. Deficient physical and mental development. Children too small for their age and backward in their studies. Very timid and bashfull and can't help coughing when in the presence of strangers. Voice often imperfect from tough mucus in larynx. Perspiration of the feet.

Calcarea Carb. Fat, chubby children with pale, bloated face and often flushed cheeks. Profuse perspiration about the head when going to sleep. Dizzy and out of breath when going up stairs. Precocious children with large stomaches; costive, chalky stools or sour diarrhœa and craving hard boiled eggs. Feet always cold and damp from perspiration. Great sensitiveness to cold air. Milk disagrees and sours on the stomach. Chronic rattling cough which becomes dry at night after sleep.

Causticum. Persons subject to attacks of aphonia and weakness of the sphincter of the bladder from every cold, cough with involuntary emissions of urine, which is not felt when passing through the urethra. Aversion to sweats. (*Baryta Carb. Graph.*) Fresh meat disagrees. Children who fall easily from weakness of the ankles. Afraid to go to bed in the dark. Constipation. Stools pass better standing.

Conium Mac. The tonsils are stony hard. They feel like two marbles to the touch. Constipation with trembling of limbs after stool. Difficulty in voiding the urine, it intermits in its flow several times before the bladder can be thoroughly evacuated. Much vertigo relieved by closing the eyes. Dry cough on lying down at night, as from a dry spot in the throat.

Hepar Sulph. Constant prespiration day and night, especially of the head and chest. Catches cold easily. Rattling, croupy cough after mid-

night, with choking spells. Urine and stool are voided with great difficulty from inertia. Craves condiments and spicy or sour food. Empty feeling in stomach, relieved after eating. Oversensitiveness to pain.

Iodium. Persons with ravenous appetite who grow thin and poor in spite of all they eat. Constipation relieved by drinking cold milk. Stools dark. Restlessness and inclination to change from place to place from uneasiness. Dark complexion.

Lycopodium. Very good appetite, but fills up to the throat with one mouthful. Bloated and uncomfortable about the epigastrium, must loosen his clothes. Terrible backache relieved after urinating, red sand in urine. Irritable temper especially after sleep. Rumbling in the bowels. Aggravation from 4 to 8 P. M. Right tonsil larger.

Mercurius Proto. Much tenacious mucus drops into throat from posterior nares. Right side of throat most affected. Tongue coated bright yellow only at the base. Agravation in damp weather and at night. Clamy prespiration on the thighs during sleep.

Natrum Mur. Unquenchable thirst for large quantities of water. Aversion to bread and craving fish and salted things. Emaciation of the neck. Mapped tongue. Scorbutic gums. Hydroa on the lips. Difficult speech from imperfect development of the muscles of the tongue. Sleep full of vivid dreams. Eczema on the boarder of the hair and back part of the head. Sadness and disposition to think about past sad events. Consolation makes him enraged.

Sulphur. Lean persons with stooped shoulders. Harsh, dry, scaly skin. Dislike to being washed and aggravation from the same. Voluptuous itching after getting warm in bed nights, followed by a burning sensation after scratching. Very hungry and greedy for food, but one mouthful satisfies the appetite. Feet so hot he wants them out of bed covers. Weak spells particularly before noon. Irritation of the rectum and anus. Early morning diarrhœa which drives out of bed. Sleep broken up into short naps or else too sound and exhausting. Irritable temper.

One or several remedies may be needed in the cure of a chronic tonsilitis as the symptoms may change during the course of treatment. The patient should therefore be re-examined before making the next prescription.

XX.

Two Cases of Parasitic Disease.

By GEO. F. HAND, M. D., Binghamton, N. Y.

Two cases of parascitic disease have come under my notice during the past year which seem to possess enough points of interest and instruction to render them worthy of record.

Case 1.—Mr. I., a man thirty years of age, and the picture of health externally, presented himself at my office for consultation in regard to an obscure chronic difficulty for which he had been under treatment by old school physicians for more than a year. The unsatisfactory result of the said treatment had made him gloomy and dispirited and fearful that he was the subject of incurable disease.

The leading symptoms were malaise, dimness of vision, spots before the eyes, weak digestion, neuralgic pains in various parts, and (most marked of all) a constant, dull pain and soreness in the region of the kidneys. These organs were not, however, enlarged and there was no unnatural appearance of the urine with the exception of a slight cloudiness which subsided upon standing as a layer more or less thick of mucus or mucoid matter. I suspected Bright's disease but the usual tests failed to reveal in the urine any albumen, fat globules, tube casts or blood. Nothing, indeed of a morbid nature appeared but mucus, revealing evidently a catarrhal inflammation of some portion of the urinary tract and further search was made for the cause of this condition. Careful examination with the microscope revealed upon the slide a parasite presenting the precise appearance of a minute tape worm of the common variety tænia solium. I made what seemed to me a common sense if not a homœopathic prescription for the disease, viz., a mixture of Oil of Male Fern and Oil of Turpentine to be taken in ten-drop doses morning, noon and night. An immediate amelioration of all the symptoms followed. Unfortunately my patient lived so far away that I had no opportunity of a re-examination of the urine for some time, and no more of the parasites were then to be found. This is an anomalous case but we can learn from it nothing more, the utility and indeed indispensableness of the microscope in the discovery of the causes of certain diseases which would otherwise remain a mystery, and for which we might prescribe until doomsday without any salutary effect from our remedies.

Case 2.—Was called last January to attend H. R., a young man twenty years of age, who was apparently suffering from an attack of fever. His most bitter complaint was of a pain in the epigastric region, more severe at times, but constant. A similar pain had troubled him off and on for two or three years and had been attributed to indigestion. Eating or drinking had no perceptible effect upon the severity of the pain. Neither had remedies of any kind. After the onset of the fever it grew persistently worse from day to day. Other symptoms, headache, diarrhœa, sleeplessness and the like yielded kindly to the remedies prescribed, but the pain in the stomach would not surrender. There was slight tenderness over the seat of the pain, and some enlargement of the anterior, lower portion of the liver. There was occasionally nausea, and a tendency to diarrhœa. The temperature ranged between 102 and 104. There was nothing in the case particularly mysterious or obscure except the persistent stomach-ache, and nothing especially alarming in the symptoms until about two weeks from the commencement of the illness, when a threatening hæmorrhage from the bowels occurred. Upon examination of the stools, hundreds of minute bladders or cysts filled with a transparent fluid could be seen in them, and microscopic examination left no

reasonable doubt that they were the cysts of the echinococci and that the patient was suffering from hydatid disease. There were three or four stools of the character mentioned when they ceased and the diarrhœa also came to an end. There was also a partial subsidence of the fever, and a great abatement of the pain in the stomach. In a day or two, however, the temperature increased again, and the pain as well, though not to the former degree in either instance. This was followed very soon as before by bloody stools and the discharge of more cysts. The fever and pain again subsided, the tongue cleared, the appetite returned, and a rapid recovery ensued. This seems to have been one of those extremely rare cases in this country at any rate, and still more rare and fortunate recoveries from the effects of the lodgment within the human system and the vast multiplication of the echinococcus or bladder worm. When or in what manner the worms gained access to the body of the young man, I was unable to discover. Dogs, in whose intestinal canal they are supposed to breed, were looked upon by him with aversion. The recovery was complete. At the present writing, six months from the date of the illness, he is in the enjoyment of almost perfect health, better than for several years.

XXI

A Clinical Case.

By SUSAN S. MCKINNEY, M. D., Brooklyn, N. Y.

In selecting a case to report on this occasion, I have chosen the following, for the reason that if my diagnosis was correct, the case was an unusual one, and I think, possessed of interest to physicians generally:—

April 24th last, I was called to see Mrs. H., a young married woman, 23 years of age, six months pregnant, whom I found suffering from the following symptoms: high fever; quick pulse; yellowish coated tongue; headache; obstinate constipation, not having had a movement of the bowels for a week; frequent nausea and vomiting; matter vomited of a dark greenish color; yellowish tinge of the skin, and sclerotica; troublesome cough; frequent urging to urinate; urine of a yellowish color, containing much mucus; anxious and distressed expression; these symptoms being accompanied with great debility.

Upon inquiry as to how long this condition had existed, I learned that up to within ten days before, she was in a fair state of health for one who was pregnant, and no doubt would have completed her term of gestation normally, but for an accident which befel her mother, she having been very seriously burned.

Unfortunately, this young woman undertook the care of her mother, and twice a day dressed the burn with a solution of Carbolic Acid, as directed by the physician who had the case in charge. Not only did she

dress the burns, but for five nights, slept upon the same bed, thus constantly surrounded by and inhaling this poisonous atmosphere.

At the expiration of a week, finding herself unable to care longer for her mother, a nurse was procured. This nurse taking exceptions to the treatment of the old lady, used her influence against the doctor, and in this way these cases fell into my hands.

Having learned the history of the case, I was strongly impressed that this was a case of poisoning by the inhalation of carbolic acid, and possibly by absorption of the same.

I at once ordered that this young woman should occupy an upper room, which should be kept well ventilated; and that she should make an effort to go out into the open air as often as possible, until her husband, could obtain other accommodations for her away from this house. In the meantime, I prescribed such homœopathic remedies as seemed indicated, in combination with a simple laxative; hoping to allay the irritable condition of the stomach, and to relax the bowels, as my first steps towards alleviation.

The results obtained were as follows: nausea and vomiting allayed in a measure, had obtained several movements of the bowels; fever and headache less; in fact, all the symptoms were very much improved, but the cough; this was persistent and very annoying.

This patient was not of a persevering and hopeful temperament; hence because she was not at once relieved of *all* her symptoms, she would neglect, and often refuse to take her medicines as directed; otherwise I might have had better and more prompt results.

The husband becoming anxious, and being urged by those with whom she was boarding to try an old school physician, he announced to me on the morning of May 11th that he had decided to change his wife's case off into the hands of an old school doctor who had been highly recommended to him, saying, "I think my wife needs stronger medicine than you "are giving; if her bowels were more thoroughly opened it would stop this "vomiting, and she would then get well." Seeing that he was quite determined to make the change I could do nothing more than gracefully retire from the case.

The change was made; the stronger medicine was given; the desired result, as far as the bowels were concerned, was obtained; but the prostration following was so great, as to cause her to keep her bed. Thus this case passed out of my hands and from under my observation until May 27th, when I was again called,—but, this time, to attend her in her confinement.

On the previous day she had felt some indications of approaching labor and wishing to be confined in her own home, she had been removed there at her request.

On arriving at her bedside, I was much impressed by her appearance the emaciation was extreme. The cough that had been so annoying, was now distressing; the nausea and vomiting, had been much less since labor began, so that she had been able to take and retain, some nourishment. There was a frequent desire to urinate, the urine being of a dirty, brownish color.

Upon a digital examination I found she was in the first stage of labor she was very apprehensive, declaring she could never give birth to the child and live; she *seemed*, however to be possessed of more strength than I could have expected in one who was so wasted. I said what I could in the way of encouragement and promised to remain with her during the night, saying to the husband and the nurse, that the birth would not probably occur until the next day.

The labor progressed slowly and steadily during the night, until the morning; when the second stage was reached, which like the first was exceedingly slow.

At 1 o'clock P. M., the membranes ruptured, which was followed by the descent of the head. I now began to feel somewhat hopeful, thinking, if her strength would only hold out a little longer, the birth would be accomplished normally; but at 2:30 o'clock I found she was losing what little strength she had, and feeling the need of sharing the responsibility of the case with some one else, I dispatched a messenger to Dr. E. W. Vietor asking him to come at once.

Perhaps an hour elapsed between sending for and the coming of Dr. Vietor; but during that time very little if any progress was made.

The pains had lost their expulsive character, and while they would return quite regularly, they served only to torture.

Dr. Vietor upon his arrival, carefully examined the patient, and upon consultation we decided to make an instrumental delivery.

After some little delay in making the necessary arrangements, the patient was put under the influence of an anæsthetic and a living child was delivered at five o'clock P. M., May 28th.

The placenta was delivered fifteen minutes after, it being found in the vagina.

Just as our patient was returning to consciousness, she was siezed with a profuse post-partum hæmorrhage which required prompt means to control.

On the morning of May, 29th, I found this patient doing better than I reasonably could have expected; she had passed a fair night, and although very weak seemed bright, and remained so until about four o'clock P. M., when she suddenly began to sink. I was dispatched for by her husband saying "come immediately." I stopped on my way for Dr. Vietor, whom I found in his office, and we started off at once and reached the house at five o'clock and found our patient dead; she having died fifteen minutes before of exhaustion.

The child died the following day.

In looking up the literature of Carbolic Acid, I have only been able to find one similar case; and that is recorded in the *Quarterly Epitomy of American Medicine and Surgery*, Vol. II Part 8, page 463, which resulted in immediate death.

In the same journal Vol. III, Part 10, page 198, is an interesting article under the title of "Chronic Carbolic Acid Poisoning of Surgeons."

XXII.

Some Observations on Erysipelas and Carbuncle.

By ORAN W. SMITH, M. D., Union Springs, N. Y.

I speak of two diseases in connection, not but that either alone is important enough for a lengthy essay, but the circumstances and phenomena that bring them to my mind as a subject, are such that I cannot well disconnect them. During a portion of the year past they have prevailed in this locality almost, if not quite, in an epidemic form.

During the later winter and earlier spring months of '83, erysipelas prevailed. Nothing in the local surroundings could explain the outbreak. It prevailed in country and village alike. Some of the cases were clearly due to contagion. Some of the cases were quite erratic.

I will mention two. Mr. E. facial erysipelas. Extended over scalp and down the neck. Face enormously swollen, red and hot, *but no pain, itching or burning.* For three or four days the morning and evening temperature ranged from 102 to 106. Drowsy, with a mild delirium, yet his attention could be called and held for some time. Wanted to be let alone, could not make expulsive effort enough to pass urine for nearly one week. This patient made a good recovery under Gels. 3x every two hours.

In a little child it began in the face, extended upward over the scalp, down the back of the neck, thence forward, forming a complete ring about the throat, and in this ring-like form the disease passed downward over the entire chest and abdomen. Here the ring divided and passed down over both lower limbs simultaneously to the very ends of the toes. This erysipelatous belt or ring encircled the entire body or limb from the neck downward. It was from two to four inches wide, and elevated considerably above the adjoining surface, and was accompanied with the pain, burning and smarting, that usually characterize the disease. Toward the last an exhausting, greenish diarrhœa set in. The little boy died after two week's illness. I shall always regret that I did not try the efficacy of applying the Tinct. of Iodine to the surface in advance of the erysipelatous belt.

After two or three months the outbreak of erysipelas began to subside, and cases of carbuncle began to occur. And now, what was strange in my experience at least, we began to get in the individual what was going on in community on a grander scale—*erysipelas and carbuncle affecting a person at the same time, and implicating, apparently, the same tissue.* In these cases, in every instance that came to my knowledge, the erysipelas somewhat preceded the carbuncle. Each disease seemed to run an uncomplicated course, either, apparently, unaffected by the other.

However, the symptoms of neither were as intense where the double process was going on as in the simpler cases. Such cases became more and more infrequent until later, when carbuncle uncomplicated prevailed.

I can say nothing new as to the treatment of these diseases. In erysipelas good recoveries were made under Apis.^{3x}, Bell.^{2x}, Rhus Tox.^{3x}, Gels.^{2x} usually singly, sometimes in alternation, given every one, two, or three hours. Externally, applications of *hot water* proved very comforting in most cases. In both this disease and carbuncle there was quite a tendency to adynamia which was met with sustaining diet, China^{3}, and Ars^{3}.

In the cases of carbuncle Hepar^{3}, Sil.^{3}, Ars.^{3}, and Lach.^{5}, were the remedies used internally. But the best and speediest recoveries were made when the carbuncular mass was laid open by a thorough longitudinal or crucial incision. This incision I have delayed until the "pinholes" were well developed. With a keen blade and a quick, firm stroke the pain of the cutting is slight. You can now get at the morbid mass and hasten its disintegration by suitable applications, and for this purpose I have found a poultice of yeast, charcoal, and flax-seed the most effective.

In studying these diseases pathologically the query arises, Are they not closely related? Many points of similarity are found.

The same class of persons were attacked by each disease; generally those who were debilitated or somewhat broken down by age, infirmities, or unhealthy modes of living. The premonitory symptoms were very similar. The local subjective symptoms were alike—the aching, burning, smarting, throbbing, etc. And pathologically the same tissues are involved in the morbid processes, although not to the same extent in each disease. In simple erysipelas the inflammation is more diffuse and superficial and usually, but slightly involves the subcutaneous tissue, while in carbuncle the inflammation is concentrated and dips deep into the cellular tissue. Moreover, the later pathologists claim that both diseases are contagious, and depend upon a specific, living organism for their propagation.

I have given no indications for the remedies used, as these may be found clear, concise and reliable in our standard works on homœopathic therapeutics.

XXIII.

The Differential Diagnosis of Membranous Croup and Diphtheria.

By A. WILSON DODS, M. D., Silver Creek, N. Y.

Although many high authorities assert that there is no essential difference between summary membranous croup and diphtheria; that they are in fact one and the same disease, differing only in form and circumstance, still I find difficulty in accepting this opinion. The diseases differ in too many material points. They differ in their onset in the symptomatology of attack; in their subsequent symptoms and conditions; in the char-

acter of their membranous deposits, the manner and locality in which they are deposited as well as the ease with which they are detached and the results following detachment. They differ markedly in the ages most liable to their attack; in their mode of propagation and their sequelæ. They also differ in the relation they hold to inherited predisposition; in the manner of their recurrence, the one being usually epidemic, the other never, and finally they differ in their mode of causing death.

Now it would seem that there need be no great difficulty in establishing a differential diagnosis between two diseases differing in so many important particulars. Nevertheless the literature on the subject is for the most part anything but clear, rather the reverse, most confusing.

To go somewhat into detail, diphtheria shows but little distinction as to age although females are somewhat more liable than males to its attack. Its onset is usually sudden, marked by rigors, followed by fever, headach, sore throat, rheumatic affections, arthritic pains; later, though often not seen at the first inspection, by the appearance on the tonsils and adjacent mucous tissues of the characteristic membrane, which although it may and unboubtedly does vary in color, yet its peculiar appearance in well marked cases is "that of a thick creamy deposit which shows a disposition to become grayish or ashen hued in the most malignant attacks." This membrane is albuminous and fibrinous and is deposited in and not organized upon the mucous surfaces. On being detached, which unless voluntary is rather difficult, the exposed surface readily bleeds and cicatrices followed, while at an early period the parts exhale a peculiar and very disagreeable odor. The membrane is liable to extend either upwards or downwards and is not confined to the respiratory passages but may extend to the stomach, bowels, urethra, bladder and vagina and even to abraded surfaces of the skin. But, to quote Dr. Asa S. Couch, "I remember no instance when it did not *first* manifest itself somewhere in "isthmus faucium and consequently I believe this to be the natural home "for this comparitively amorphus and uncomfortable deposit."

Diphtheria is also usually epidemic and eminently contagious. When it does occur sporadically it is the "scattering fire of straglers after the volleys of the grand army have subsided." A study of its history will also develop its migratory character and show the vast area of the earth's surface that has ever and anon yielded to its periodic visitations.

As has been before mentioned neither age, sex or condition give any special immunity from diphtheria, and the same is true of families, other than those tainted nonresisting constitutions, whether occurring singly or in groups are most liable to the invasion of these migratory epidemic maladies. That this is not true of idiopathic croup will be shown in summing up on the other side. Neither does climate season or locality seem to have any influence on the recurrence of diphtheria. Its epidemics come in the summer and winter, on the hills and in the valleys, in the country and city with equal frequency and the same malignancy.

Its most usual sequelæ are paralysis, more especially about the soft palate and pharynx, but sometimes affecting the limbs, impairment of vision and implications of the heart and kidneys. Death from diphtheria usually occurs from asthenia, although there are exceptions to this as

to all other rules. Such is the case when the membrane has been deposited in the larynx and trachea, and in such instances there is evidence of blood poisoning by carbolic acid. Most frequently however, the patients retain their intelligence to the last and finally succumb through a direct surrender of the vital resistance.

If you will bear in mind this brief resume on the side of diphtheria, a summing up on the other will present a strongly contrasting picture.

Genuine membranous croup is a disease almost wholly confined to childhood; it almost never occurs before the age of two, and rarely after seven. Its invasion is usually insidious though sometimes marked by sharp and decisive symptoms; but these symptoms differ widely from those enumerated under diphtheria. There are no rigors—no rheumatic affections—seldom any frontal headache, and no sore throat. There is almost from the first the characteristic cough and peculiar respiration; nothing of the kind occurs in the majority of cases of diphtheria, and when it does it is only in cases where the membrane extends downward into the larynx, while in true croup it is never absent.

In the subsequent history of a case of croup there is none of that difficult deglutition so often present in diphtheria; neither is there any involvement of the lymphatic glands as there always is in major diphtheria.

The membrane of croup is also markedly different, it is fibrinous in its nature, and deposited *in* and not *on* the mucous tissues; it is easily removed, may extend downwards, never upwards, and *always holds its distinct specific* relations to the respiratory passages, and is never deposited on distant surfaces, or on external wounds. So too. true croup is never contagious, never epidemic, although it may be endemic, locality, and thermal conditions having a decided influence on its recurrence. Low, damp, cold localities have the preference; while the colder, damper seasons will produce the largest number of cases.

It has been stated that in diphtheria death was generally by asthenia. It may be in various ways, *e. g.*, "blood poisoning, as in malignant fever, "from progressive exhaustion, aggravated by difficult deglutition; from "uræmia and uræmic convulsions; sudden syncope; innervation of the "heart; innervation of the respiratory processes, or general innervation "accompanied by affections of the stomach and uncontrollable vomiting." At all events this is the testimony of West.

But death from membranous croup always occurs in consequence of failure of aëration of the blood and retention of carbonic acid.

Now it would seem that with so many distinctive points there could be no great difficulty in differentiating between the two diseases; and yet the literature on the subject—at least so much of it as I have been able to consult, give out a very confused and uncertain sound, which is anything but comforting to a student and young practitioner like myself.

XXIV.

Lime Juice and Pepsin Versus Lime Water in Infantile Indigestion.

By JOHN N. TILDEN, A. M., M. D., Peekskil-on-Hudson N. Y.

All physicians are familiar with the difficulties met with in correcting the disturbances of the digestive tract in infants. No disorders are more frequent and none more productive of mortality not only from their immediate but also from their remote effects. Very few children reach the age of three years without having had serious disturbances of the digestive function. Many die from these diseases, many are enfeebled, their nutrition interfered with to such extent that other serious diseases arise in consequence of what at first was only an indigestion. It is not, however, necessary to enlarge upon the serious character of all digestive derangements in children. Practitioners of medicine everywhere are agreed upon the necessity of giving such departures from health early attention and prompt treatment. Every departure from the normal condition of an infant's digestion should not be neglected. It is, however, a common experience with physicians to be summoned to attend a child who we learn has been suffering from frequent and loose passages from the bowels for many weeks, and in answer to our inquiry, "why have you so long neglected sending for a physician?" we are met with the rejoinder. "Well doctor I thought it was only teething and did not "need any medicine. *They say* it is better for a child to be loose in its "bowels when it is getting its teeth." Such experiences are common to all of us, and it is fully time that the erroneous yet prevalent idea that a teething child is better off with an exhausting diarrhœa be relegated to the past with its host of other fossil notions.

It should be a part of our duty as physicians to teach parents that the least deviation from health in an infant or a child should always receive attention, for it may speedily become serious and for this reason ought never to be neglected.

Not less pernicious than the neglect to call skilled advice early in the bowel diseases of children, is the present almost universal custom of giving Lime Water in the food of infants who are artificially fed. This practice has grown very extensively within the last few years, not only among mothers and nurses, but doctors also have caught the infection so that we may almost call this "the age of aqua calcis." It is easy to fall into the routine of recommending a thing as good, because every one else does so,—and without pausing to question its real value. It will be of interest to inquire, Why is Lime Water so universally recommended? Why do physicians so frequently prescribe it? It is not difficult to trace the origin and continuance of this practice. The child either from having taken too much food at one time—from the food itself being unsuitable—from commencing fermentation instead of digestion or other causes—rejects a portion of the food either by eructation or vomiting, and it is very perceptibly acid. The sense of smell at once decides its sourness. The

doctor's attention is called to this state of things, and his chemical knowledge immediately suggests the proper remedy, *an alkali.* Alkalies neutralize acids, *ergo*, Lime Water will in common parlance "sweeten the child's stomach." The Lime Water is given, and although there is less acidity manifested, less vomiting perhaps,—yet the digestion does not improve. The stools remain thin, frequent, and offensive. The child does not thrive. It worries, and loses flesh and strength. The Lime Water is carefully continued. just as if it were as much a necessity as the food itself, and could not possibly be dispensed with.

Physiology teaches us that the digestive ferments are alkaline in the mouth, and so on down the alimentary canal until the stomach is reached. Acid in the stomach and duodenum, and thence alkaline again. The designs and operations of nature are beneficent, and when normal cannot well be improved upon. Do we not then in a measure thwart nature's plan, and do harm instead of good when we persistently fill the stomach with alkalies? There are many times when an alkali is very beneficial. It is not against the occasional use of Lime Water that this protest is made. Study the indications and use alkalies when they will be beneficial, but do not continue them indiscriminately for any considerable length of time. It is my opinion that they are then productive of harm.

The digestive principles of the stomach cannot act save in the presence of a free acid. Hence albuminoids of which milk is one, can only be digested with an acid stomach, and acid eructations are not an absolute evidence that an alkali is needed to correct this condition of the stomach. The affection commonly known as acidity of the stomach in adults, may be very temporarily relieved by giving an alkali, but if you would relieve it permanently the chances are that the judicious administration of an acid will secure the result most surely and most promptly.

Some of the most obstinate cases of indigestion which I have ever met have been in patients who have habitually used Carbonate of Soda to correct acid stomach, and prompt success in these cases has generally followed the administration of an acid of some kind. It may not be too foreign to our subject to state just here that a small wine glass of good cider or Rheuish wine with or just after each meal will often do wonders in these troublesome cases. From the observation of these facts often repeated, it seemed to me that an acid ought to be beneficial in the indigestion so often found in infants. The use of a combination of Lime Juice and Pepsin had served me so well in treating adults that I was led to make a trial of the same remedies in the case of children, as being better adapted to infants and children than other acids. It is absurd to administer Pepsin at the same time that Lime Water is being given in the food, for it is a familiar fact that Pepsin can do no good in the presence of an alkali.

Without further comment, I wish to give a short account of several cases treated last season, as better calculated to show the result of the acid treatment (if so it may be called) in contrast with the result of giving Lime Water.

Case I.—A child aged ten months fed artificially with cow's milk, had always been healthy until six weeks ago, is now, in August, teething and

has from ten to fifteen passages daily. These movements all contain undigested curds or caseine. They are sometimes green and have some mucus, all are thin and none have any approach to the appearance of a natural movement. The mother had tried some domestic medicines and had given Lime Water in the milk. The child was evidently growing weak and fast losing flesh, and the mother after six weeks became anxious and sent for her physician. The milk supply was found to be good, but the one thing needful seemed to be to remedy the atony of the stomach and its evident inability to digest the food. Care was taken not to overload the stomach, and for a week the usual homœopathic remedies commonly found beneficial, were tried without benefit. The food contained too much caseine. In order to rest the stomach a change of diet was made, giving barley water and beef juice. This change was followed by slight improvement, but not enough to warrant the belief that the child was making very permanent progress. The treatment evidently was not accomplishing its object, and reflecting upon the fact that Lime Juice and Pepsin had served so useful a purpose in some adult cases it was determined to try it with the child. The use of Lime Water was discontinued and a prescription of crystallized Pepsin and Lime Juice with simple syrup as a vehicle was ordered. The dose was one grain Pepsin and fifteen to twenty drops of Lime Juice, given four times daily, just after taking food, taking care that a full allowance of food be taken at the time of giving the medicine. Improvement was manifested upon the second day after beginning this treatment. The passages first improving in appearance and then very gradually becoming less frequent, and at the end of a week the child was thoroughly convalescent. By the twelfth day the bowels were in a normal condition and the child has since continued well. Without going into all the clinical details, suffice it to say that later in the season of 1883 five other similar cases were treated and with equally as satisfactory results. No cure-all action is claimed for the Lime Juice and Pepsin. It is only a most valuable adjuvant to other and appropriate remedies. It assists a worn and enfeebled stomach to accomplish its work. Other remedies are required to meet special indications as they occur, but my experience and observation in these half dozen cases convinces me that Pepsin and Lime Juice just after food is a most efficient aid in treating the bowel affections so common among children during the summer months. I believe too that the crystallized or granulated Pepsins are superior to the ordinary and cheaper saccharated Pepsins.

In conclusion I would respectfully venture the following opinion: That Lime Water often does harm instead of good and that its indiscriminate and common use should by all means be avoided.

That acids are not necessarily contra-indicated with a milk diet.

That if alkalies are required they are best given half an hour or an hour after food than at the same time with it.

XXV.

A History of Twelve Cases, Showing Simulated Diseases in Connection with, and a Means of Relief in Spinal Irritation.

BY M. O. TERRY. M. D., Utica, N. Y.

Wm. A. Hammond in his work on "Diseases of the Nervous System," gives the following principles of treatment as applicable to spinal irritation:—

1. To remove the cause.
2. To improve the general tone of the system.
3. To increase the amount of blood in the spinal cord, and improve the nutrition of the organ.
4. To set up a counter-irritant action in the vicinity of the disordered region of this organ.

To improve the general tone of the system he recommends tonics, such as Quinine, Oxide of Zinc, Cod Liver Oil and stimulants judiciously administered.

To increase the amount of blood in the spinal cord, Strychnia, Phosphorus, Phosphoric Acid, Phosphide of Zinc and Opium.

For counter-irritation, hot water to the spine. He states it should be used as hot as can be borne. The galvanic current he regards as more efficacious than any other treatment in removing spinal irritation. It seems that he is not perfectly clear as to *how* it acts as he says it "apparently either contracts or enlarges the blood-vessels." When discussing counter-irritants he remarks: "The *rationale* of the action of counter-irritants in this and similar derangements is by no means clearly understood.' His preference is the employment of blisters, although he says dry cups almost always do good. Dr. George M. Beard has perhaps made a more thorough study of neurasthenia or various forms of spinal irritation than any one. In his work on *A Practical Treatise on Nervous Exhausition* will be found the numerous symptoms produced in distant parts of the body, in the nerves, muscles and organs, depending on the *seat* or *location* of the spinal irritation—also its nature, sequences and treatment.

By hearsay one would be led to the belief that the cautery treatment was most barbaric. Dr. Beard says: "The real scientific truth on "this matter is, that the cautery, as it can be used with modern appli- "ances, as the galvano-cautery or Paquelin's apparatus, and is used by "those who understand it, is not specially painful, even to the most deli- "cate woman. The pain is in the idea of the thing—in the expectation, "and not in the burning. It is one of the great remedies that stands "the test of time and large experience. Everything depends on the *way* "in which the cautery is applied. It can be used in such a way as to "cause scarcely any pain or annoyance; so that those who have had one "application are willing and glad to have succeeding applications, and "ask for them as people would ask for an application of electricity or a

"dose of massage. I am convinced from my own experience, that the "occasional use, or in some cases, perhaps the frequent use of a *very mild* "cautery indeed—so mild as not to be annoying to the most sensitive "girl—is far more efficacious than the usual method of administering this "remedy. In cases, not a few, the application of a strong cautery "is followed by a *depression*,* which lasts for a day or two. This depres-"sion is not always a bad sign; it occurs in those who are greatly, very "greatly, benefitted by the cautery; but in some cases it is discouraging "to the patient, and indicates that the cautery has been used too often, "or too severely. In all cases, this depression, as well as the pain, can "be avoided by a proper arrangement of the dosage of the cautery."

Dr. Lilienthal has stated in his paper, "Neurasthenia and Its Treatment," that Rudolf Arndt (Ecleaburg's Encyclopædia) "is right when "insisting that there is no such a thing as functional derangement with-"out organic changes." To offset this statement I wish to quote the words of Byron Bramwell, who, in his work on "The Diseases of the Spinal Cord," page 142, says: "Spnial hyperæsthesia may be functional "as in cases of spinal irritation; or organic, the latter form (organic hy-"peræsthesia) is often associated with anæsthesia. The most frequent "clinical causes of organic spinal hyperæsthesia are meningitis, compres-"sion of the sensory nerve roots, and locomotor ataxia," causes very different from the form of spinal irritation usually met with.

Dr. J. Martin Kershaw, in his pamphlet on the "Diseases of the Brain and Nervous System, Spinal Irritation, etc," says, in reference to the pathology of spinal irritation, "in those cases where a *post mortem* has "been held, no *organic* changes have been discovered in the spinal cord "or its membranes, a fact which strongly favors the anæmic theory of "the disease."

Dr. E. C. Seguin, in the *Archives of Medicine*, Vol. I., page 170, (1879,) says of Brown Sequard: "He heated this instrument (Paquelin's "thermo-cautery) almost to a white heat, and applied it with extreme "rapidity and wonderful lightness and certainty of touch, to the scalp, "mastoid regions, back of neck, spine, track of various nerves. etc. He "taught me that superficial counter-irritation was preferable for several "reasons: 1, The greatest effect upon nerves was thus obtained, because "the terminal filaments and terminal organs of sensory nerves are more "sensitive than their trunks; 2, Prolonged pain and suppuration are "avoided; patients were able to go about immediatiately after the "operation."

He further adds: "The immediate results of the burning is a brown "welt with some roughness, due to shrivelled epidermis. Very soon a "zone of hyperæmia appears around the streak, and lasts for a long time; "hours in some cases. When several parallel strokes have been made "close together upon a part an enormous cutaneous hyperæmia results. "This increased circulation is probably a part of various vascular move-"ments produced by the application, and necessary to its efficacy. Later "results are a dry, brown scab, which falls off in a few days, leaving a red "or reddish-brown scar, which disappears surely but slowly in almost

* My emphasis.

"every patient." Dr. Seguin considers this the most valuable of all counter-irritation.

Dr. H. B. Millard in a pamphlet on "The Thermo-Cautery in Disease" (1880) says: "Although its utility as a therapeutic agent is "incontrovertible, in endeavoring to ascertain from the published writings "of those who have most employed it, we find but very scanty information, "of their experience as regards the theory of its *modus operandi.*"

In my employment of Paquelin's thermo-cautery I have generally repeated the applications at intervals of seven or fourteen days. Patients when subject to headaches are sooner relieved of it than other symptoms and chilly feelings give place to warmth and buoyancy of spirit soon afterward. My indications for discontinuing treatment has been: 1, Relief of the spinal sensitiveness. 2, Prostration, and slight aggravations of symptoms. In the latter case the applications should be made *very* light and not repeated as frequently as when marked improvement follows. The following cases are reported for your consideration:—

Case. I.—Miss W., age twenty eight; unmarried; nervo-sanguine temperament. Has had dyspepsia, loss of appetite, frequent headaches, constipation, pain in liver and muscles, painful menstruation, and an uncomfortable feeling in the back for six or seven years. Feels weak at all times. Remedies which have seemed indicated have been given from time to time with only temporary relief. Great care was taken with the diet, and bathing in salt and water with rubbings advised. Everything done was only of temporary benefit.

Examination of spinal vertebræ revealed the fact that the last cervical and the first five of the dorsals were very sensitive on pressure. A moderate amount of pressure would cause nausea, a feeling of oppression and a sinking sensation. The sacral vertebræ was also found to be in a sensitive state.

After *three* applications of Paquelin's thermo-cautery given at intervals of ten or fourteen days the following *permanent* improvement ensued: The lungs and mammary glands which were sensitive before the treatment gave no further discomfort; a peculiar cough which frequently accompanies spinal irritation at its upper parts disappeared. Remedies given were more permanent in their relief of the dyspeptic symptoms; the mental depression gave way to buoyancy of spirits, and the feeling of exhaustion to greater strength. In other words a chronic invalid who had passed through the hands of numerous physicians, by a process of supposed torture had beeen perfectly restored.

Case II.—Miss A., æt. twenty-four; nervo-sanguine temperament. This patient was subject to frequent attacks of fainting, which began about four years previous to my seeing her. For six years there had been more or less pain in the back and head, for the relief of which she had been cupped. Although she had been properly fitted with glasses for myopic astigmatism there was seldom freedom from asthenopia; rheumatic pains she was seldom free from. Examination of the spinal vertebræ proved them to be sensitive, in a varying degree, the entire length of the spine. After six applications of the cautery had been made the treatment was discontinued, as the spinal vertebræ was found at that time

to have lost its sensitiveness, and with it *all of the former symptoms had disappeared.* It must be remembered that remedies were always given in the cases reported. I make the assertion, however, that no permanent relief could have been obtained without the cautery treatment, as the INDICATED REMEDY TREATMENT was thoroughly tried before I began it.

Case III.—Mrs. K., æt. forty-five; nervo-bilious temperament. Pain was first noticed in the spine two years ago. Owing to frequent pain and fullness at the back part of the head, cupping had been resorted to. Although the entire spinal vertebræ was sensitive the lower part was most so. The symptoms accompanying the sensitive vertebræ in this case were: *Severe bladder irritation* producing a "dreadful burning sensation," as described by the patient, "making her life wretched." The bowels were more frequently loose; micturation night and day frequent; there were pains in both legs; excessive nervousness, and inability to sleep.

Nine applications of Paquelin's thermo-cautery relieved the patient *entirely* of all symptoms, and she has remained so until this day.

Case IV.—Miss D., æt. 22; nervo-sanguine temperament. This is a case of coxalgia. The head of the femur and surrounding parts were very sensitive on pressure—the sensitiveness extended down the leg for several inches. The ovary of the corresponding side was painful. As the leg was considerably drawn up, extension was used for several weeks which caused relaxation of the muscles and ligaments in the region of the joint, and a cessation of pain within it. Permanent relief from the pain —over the joint and following the femur for several inches down the leg, was obtained after TWENTY-EIGHT applications, and I can say that the difficulty has never returned.

In confirmation of the value of this treatment in chronic periostial pain I will report in brief another case.

Case V.—Rev. K., æt. thirty; nervo-sanguine temperament, has had for four years, pains varying in degree of intensity, over the head of the femur, and extending down for about three inches. The pain began as a result of a strain. He had used various linaments on different occasions with only temporary relief. Pressure over the head of and around the femur for about two inches, caused an "uncomfortable feeling." *Four applications of the thermo-cautery gave permanent relief*, there being no more "uncomfortable feeling," or sensitiveness on pressure.

Case VI.—Miss C., æt. forty; nervo-sanguine temperament, has for years had spinal irritation and sciatica. Examination revealed the fact that the spinal vertebræ were sensitive to an extreme degree, and pressure over the sciatic nerve caused great pain. The ovaries were very sensitive and painful; there was extreme nervousness and insomnia; the lungs, pectoral muscles, and mammary glands hyperæsthetic—the latter abnormally enlarged; there was also dysmenorrhœa and bladder irritation. The patient had been under treatment for years for the relief of the sciatica and other symptoms detailed. Electricity, Croton Oil, Mustard, Iodine, and Belladonna Ointment had been used. The only result was a palliation of the symptoms. When I began the treatment with the thermo-cautery the patient stated that unless relief was obtained she

would be unable to do anything, as the pains and uncomfortable feelings in the various parts of the body wholly diverted her mind from any work which she wished to perform. I made applications the whole length of the spine, and extending down some distance over the sciatic nerve. These treatments were kept up at very irregular intervals, but in all I must have made twenty applications—extending over an interval of two years. The sciatica which had resisted every known treatment subsided entirely within six months. I mean that the nerve was not sensitive, even on pressure—the *pain* disappeared, so that within six weeks none was experienced. A cough, which refused to subside under various remedies, including cough mixtures, gave way after two applications. The bladder pain was relieved as well as that of the ovaries. The spinal vertebræ are still slightly sensitive, although nothing compared with its former state. The dysmenorrhœa is better, but still quite painful.

If this patient had been treated more regularly, perhaps a more perfect result could have been obtained. She was well pleased, however, and is able to perform whatever work she undertakes.

Case VII.—Miss D., æt. forty; nevo-bilious temperment. Entire spine sensitive on pressure and painful at all times.

Palpitation on percussion over the chest or any portion of the abdomen caused disagreeable sensations, faintness and pain. The monthly cycle was agonizing and bladder irritation constant, causing micturation every half hour during the morning hours, not to exceed every two hours in the afternoon, and several times at night; rheumatism in various parts of the body; appetite capricious, bowels inclined to be irregular, also headache beginning at the base of the brain and extending over to the frontal region. This condition has existed in a variable degree for over fifteen years. During this time the most skilled physicians had been employed and counter-irritation of various kinds have been resorted to. At quite regular intervals verging between eight and fourteen days Paquelin's thermo-cautery was used. In all *nine applications were made*

The patient to-day is free from headache, and only at times, has slight bladder irritation; rheumatism much improved. Feels better in general than any time within her recollection. The spine is as sensitive as when treatment was begun; menstruation quite natural. We have in this case an anomalous result: satisfactory relief of the principal symptoms but the *spine* remaining as sensitive as it was before treatment was begun.

Case. VIII.—Miss B., aet twenty-five; nervo-sanguine temperament. Three years previous to my seeing her was thrown from a carriage. From the date of the accident has had pain at the upper part of the spine between the shoulders. The sensitive vertebræ were found to be the seventh cervical and first, second and third dorsal.

Symptoms complained of: dull heavy headache, beginning at base of brain and extending over, causing at times pain in the eyes; feeling of constriction over upper part of chest and choking sensation in throat; lassitude; and variable appetite.

Four applications gave entire relief of all symptoms and the spinal sensations disappeared.

Case IX.—Miss R. æt. thirty-one; nervo-bilious temperament. Has

had headache in the occipital region, extending over and at times affecting the eyes. As near as she can remember six years before I saw her she had fallen, striking on the back of the head and upper part of spine. Accompaning the headache there was lassitude; appetite poor. *Six applications* relieved the sensitiveness of the spine and with it the headache and other symptoms disappeared.

Case X.—Miss D., æt. twenty-four; nervo-sanguine temperament. This patient was sensitive over the spinal vertebræ, beginning at the seventh cervical and extending to the ninth dorsal. The lungs were painful on percussion, and the mammary glands abnormally developed and sensitive. She had myopic astigmatism, but glasses fitted by an excellent oculist failed to give relief of the asthenopia. I made *four applications* in this case, after which I succeeded in fitting her with glasses which gave her entire relief of all symptoms in the eyes. The spinal pain, or "pain between the shoulders," ceased, and a dry, superficial cough—a frequent symptom in these cases—also disappeared. This to me was an unusually satisfactory case.

Case XI.—Miss B., æt. twenty-four; nervo-bilious temperament. When first called to see this patient she was suffering with *intense* headache. The face and forehead were flushed, and the entire length of the spine painful. This was immediately preceding menstruation. Remedies given would relieve to some extent, the symptoms. There remained, however, more or less constant pain in the back of the head, which at times extended over every part of it. There was also a sensitive condition of the chest muscles and mammary glands. The spinal vertebræ were sensitive in a varying degree its entire length. *Five applications* were made, after which treatment ceased. The patient has since informed me that she is well, adding that before I began the thermo-cautery treatment it was beyond her recollection when she had been perfectly free from headache, or uncomfortable feelings in the back.

Case XII.—Mr. M., æt. 39; nervo-sanguine temperament. This gentleman had suffered with severe pain, and a feeling of heaviness in the back of the head, for a year and a half. His weight had decreased during that time from 210 to 164 pounds, all of which he attributed to the constant and severe pain at the base of the brain and between the shoulders. At times when walking a feeling would suddenly come upon him that he was about to receive a blow in the head, and he would drop his head suddenly to avert it; the heart's action was at times irregular, and at times a feeling of faintness came over him. The spinal vertebræ which were sensitive as low down as the ninth dorsal, received *five* applications of Paquelin's thermo-cautery. This treatment relieved him permanently of all symptoms previously experienced.

XXVI.

The Essentials of the Treatment of Wounds.

By H. I. OSTROM, M. D., New York.

The treatment of wounds, is designed to establish and favor the healing process; and while wounds in the several structures of the body, present variations, dependent upon differences in minute anatomy and methods of nourishment, the principles of healing are the same in both soft and bony tissues, *vs.*, a reproduction of the injured tissue, by multiplication of all elements—stavle cells or mobile cells. How best to promote a local excess, of this process of repair which is constantly going on and to bring it within the limit of physiology, constitutes the essentials of the treatment of wounds.

The fact will bear frequent repetition, that in the treatment of wounds, meddlesome surgery is more productive of bad results than no surgery at all. The practices that are so injurious, arise for the most part, from a failure to give due prominence to the natural reproductive power of cell areas. It requires no demonstration to prove that a healthy organism is sufficient to repair any waste that may be made, or any injury that it may sustain. This resident power increases as we descend the animal scale, as we remove from our conception an aggregate of cells, and fix our attention upon the single cell capable of reproduction; for before evolution had reached that degree of differentiation which takes the form of sexual reproduction, asexual reproduction prevailed, and we have in every case of repair, whether of the blood corpuscles or the nerve cells, the epithelium after desquamation, or the making good of a solution of continuity, phenomena belonging to the same class as those which attend the development of the embryo. Health requires no assistance from art, nor do the various operations of a healthy organism. An equilibrium must be established between the physical unite and its environment, but as long as the former is in a normal receptive condition, our atitude is defined by a proper observance of the laws which control the establishment of that equilibrium. Therefore, given a healthy body, in which has occured a traumatic solution of continuity, there resides within that body a force of degree and kind, sufficient to repair the injury in the higher organism, not to the extent of reproducing lost organs or parts but to the extent of repairing them so that life is not incompatible with the injury. The surgeons' offices, therefore, are limited to such cases as are not healthy, or in which there exists some local obstacle to the healing process. To render the unhealthy organism healthy, comes within the domain of medicine, between which and surgery the boundary is arbitrary and will not claim our attention; but I would ask you to consider the means by which a wound can be made healthy, and maintained in a state of physiological action. Such means are antiseptic, for aside from constitutional causes and foreign bodies, which of course will be removed, the obstacles to the healing of wounds, are most frequently found, in

septic bodies, any propagating organisms that are brought in contact with the wound, and through that channel enters the system, when, not from their presence, but from their presence in excess, they set up secondary conditions that are among the most difficult in surgery, to combat.

The essentials, therefore, of the healing of wounds, arrange themselves in two divisions, *viz.*, those which prevent the entrance of septic organisms into the wound, and those which control the multiplication of the organisms after they have gained access to the wound. In the foremost rank of the first division my experience leads me to place common cotton batting after having been treated with some antiseptic, Carbolic Acid, Iodoform, or better still, a one-quarter per cent. solution of Corrosive Sublimate. Absorbent cotton, from the very quality which makes it so valuable an article for dressing wounds, is far inferior for this purpose, to the common cotton; for absorbing all discharge from the wound, the cotton soon becomes saturated, and the septic organisms of the atmosphere coming in contact with the purulent discharge, readily change the character of this, or are conveyed to the deeper structures—the wound itself. On the other hand, the common cotton, which can be procured at any place and at all times, a consideration not to be lightly regarded, when weighing its merits as a surgical dressing, from the fact of its contained percentage of oil, is not absorbent, and takes nothing from the wound, nor from the atmosphere, at the same time acting as a filter for the impurities of the latter. My method of treating wounds, when I think there is a probability of keeping septic organisms out of the exposed tissues, is to use the cotton dusted with Iodoform, or Boracic Acid. The class of wounds in which this treatment can be pursued is limited, for they are such as offer a reasonable prospect of healing by first intention. If the wound is extensive some provision must be made for the discharge, and the wound cannot be sealed, hence, it is only in the beginning of the treatment of a wound, that much can be expected from the use of what I venture to call the cotton filter. When a slight discharge may be anticipated, but not sufficient to require a drainage tube, I have obtained excellent results from the use of a compress of absorbent cotton, over which I place a coating of flexible collodion, this serves the double purpose of preventing the discharge from coming in contact with the atmosphere, a point to be always kept in mind, and at the same time of keeping the dressing in place.

In by far the larger number of wounds, the question of treatment becomes one of the best means to prevent the multiplication of septic organisms, for almost before the case comes under our observation the wound is septic, and presents all the conditions favorable to the development of the septic germs. If we study the morphology of bacteria, it soon becomes apparent that one of the conditions essential to their multiplication, and their very existence, is moisture,—water. Without this they die, or becoming desicated, cease to be virulent until they are placed in media, from which they can draw the needed supply. Applying these biological data to the solution of the problem, how can we best prevent the growth of micro-organisms? we naturally conclude that to keep the wound dry is a matter of the first importance. Hence, the dry dressing

is the most perfect antiseptic dressing, and when in combination with a substance incompatible with the life of septic organisms, will render a wound aseptic. Formerly it was thought necessary to cleanse all wounds with some solution, generally of Carbolic Acid, and frequently to syringe the deeper parts of the wound; but in the light of present knowledge, this practice is questionable; and it may be asked, What is the necessity of carrying the antiseptic to every part of a wound, unless there is evidence that that part is unhealthy? It is true there are many cases in which a wound cannot be cleansed without using an antiseptic in solution, but I regard this as a possibly unfortunate complication, and to be avoided unless absolutely necessary.

In applying the dry dressing to wounds, no material is equal in value to absorbent cotton. Treated with Iodoform, Boracic Acid, or a preparation of Corrosive Sublimate, using dry earth as a medium, the dressing frequently need not be removed until the wound has healed. As a rule, wounds treated in this way give rise to less febrile disturbance than when frequently dressed with some watery solution, they heal more naturally.

An element essential to success, in both the system which prevents and that which destroys septic irritation, is rest. Under all circumstances absolute rest of the parts involved, must form a part of any successful treatment of wounds. Therefore it is that infrequent dressing, possible only with the dry dressings, aid so materially in a successful termination.

I would hence submit that the essentials of the treatment of wounds, are: —

First: To maintain perfect cleanliness.
Second: To filter the air brought in contact with the wound.
Third: Dry and infrequent antiseptic dressings.
Fourth: Rest.

XXVII.

The Earth Dressing, in Diseases of Joints.

By H. I. OSTROM, M. D., New York.

A surgical dressing, distinguished from a surgical appliance, is potent to the degree in which it possesses a therapeutic, or an antiseptic action, and the success of the surgeon's treatment will, in a large measure, depend upon the skill with which he avails himself of these forces, separately or combined, in individual cases. From these premises it follows that an antiseptic does not necessarily restore physical equilibrium, by coming directly in contact with, and acting upon, those forces which maintain the physical unit, but that indirectly the same end is attained by the exercise of a deleterious action upon certain and definite foreign bodies, whose presence within the organism gives rise to a condition recognized

as septic poisoning. The same premises also lead to the conclusion, that a surgical dressing may, without forfeiture of any claim to efficacy, possess both medicinal and antiseptic properties. In this class I would place earth, as prepared and used in surgery, more especially in diseases of joints, does my experience with this dressing enable me to speak with some degree of confidence, for I know of no single material more generally applicable to this class of diseases, than earth. I have used it in all grades of joint disease, ranging from simple inflammation to the more complicated forms requiring injection, with the most favorable results.

The preparation generally used for surgical dressings, is a natural variety of steatite, found principally in Cimolis, hence called Cimolian earth; it is also known as Taylor's Cimolite, or white Fuller's earth. It is mainly composed of the silicate of magnesia, and appears in commerce as an exceedingly fine gray powder.

The physiological effects of Cimolite, when used locally, are: *First*, To favor the absorption of pathological accumulations of fluid. I think this action was first demonstrated by Dr. Hewson, who used Fuller's Earth externally in cases of ovarian cysts. I have used earth with most gratifying results in cases of hydarthrosis; and aside from any medicinal action, I am inclined to attribute the absorbent quality which earth undoubtedly possesses, to the law of osmose, to the end towards which all natural forces tend. the establishment of an equilibrium. All cures are brought about by this means, but while the result is the same, the forces are individual and possessed of different modes of action. To obtain the full osmotic action of Cimolite, the greatest degree of attraction between the internal fluid and the external solid must be sought, for this reason I apply the earth dressing dry, in direct contact with the skin, binding the whole, first, with a flannel cloth, over which I place a piece of thin India rubber. The earth must be renewed as soon as it becomes well moistened. But earth is absorbed as well as it absorbs, and it is probable that the Silicate of Magnesia acts directly upon the diseased strictures, and aids in restoring equilibrium between the waste and repair.

The *second* physiological effect of Cimolite is medicinal, and has been already mentioned, but our ignorance of the laws which govern the action of drugs permits us only to note the phenomena which attend their exhibition, and upon these, to base our knowledge of their use.

The *third* physical effect of Cimolite which I shall note, is antiseptic, and in this I think is found the most important indication for the use of earth in surgery. In bursitis in integrity, the dry dressing affords marked relief of suffering, and tends to reduce inflammation by acting upon the micro-organisms, which, if they do not give rise to inflammation, aid in continuing the morbid process; and after the sac is opened, spontaneously or artificially, in cases complicated with sinuses, and in one case, when inflammation attacked that portion of the synovial sac which extends above the patella, and subsequently involved the entire synovial surface, resulting in most extensive synovitis, the earth dressing, applied loosely in the form of a poultice, slightly moistened with a $\frac{1}{100}$ solution of Carbolic Acid, gave most excellent results. The use of Carbolic Acid in conjunction with the Cimolite, is not to supply any

deficiency of antiseptic powers in the latter, but rather for the purpose of adding an antiseptic which may exert an action upon a class of organisms not affected by the Cimolite. Antiseptics must be selected, as well as remedies; one antiseptic will not kill every septic organism. In diseases of joints, involving the bony structures, or even where the periosteum only is affected, the results from the use of the earth dressing have not, in my hands, been as satisfactory as those which attend the use of Iodoform; but when the soft parts, including cartilage alone, are diseased, especially in strumous synovitis and suppurative synovitis, Cimolite will prove a most useful dressing.

The Cimolite may be applied dry, or in the form of a paste, according to the disease to be treated and the particular object to be accomplised. The action in either method of application is increased by bringing the earth in direct contact with the parts; but a much neater dressing is made by laying a thin piece of gauze, antiseptic or otherwise, between it and the skin. One indication for the dry dressing, the osmotic, has already been mentioned, and upon the principle that dry antiseptics most nearly meet the aseptic requirements, which subject I had the honor of bringing before the notice of this society at a previous meeting,* the dry earth dressing will be useful when the principal indication is for an antiseptic treatment. The moist dressing possesses the advantage that it may be made to contain any medicament that it is desired to apply to the part. I am in the habit of preparing a solution of the drug I wish to use externally—and I would say that Bryonia, in connection with Cimolite, has been very useful in treating cases of synovitis arising from over-exertion—and with this make a thick paste of the earth The poultice thus prepared should be spread upon a thin cloth, and applied as any other poultice would be. The dressing will require to be changed as often as it becomes dry.

It is not intended to claim that Cimolite is a specific dressing for all diseases of joints, or for those diseases that have been mentioned, but it is a useful addition to the number of surgical dressings usually employed.

XXVIII.

Hot Water and the Rubber Bandage in Sprains, Injuries and Chronic Inflammations of Joints.

By M. O. TERRY, M. D., Utica, N. Y.

In the *International Encyclopædia*, Vol. III., page 718, are these words: "The most contradictory precepts are given in reference to the "management of sprains, but the following plan accords with the general "sense of the profession.

"1. A severe sprain demands rest in the horizontal position.

*Thirty-Second Annual Meeting. "Dry Antiseptics, in Caries and Necrosis."

"2. A steady and judicious use of cold will prevent the supervention "of severe inflammation, and in a few days all tendency to its occurrence "will have passed away, when the cold can be slowly withdrawn. Many "favor *hot* instead of cold applications and others decide between them "according to the sense of comfort or discomfort felt by the patient."

In Vol. I., page 928 of *Holmes' Surgery*, as revised by Packard, may be found these words in reference to the treatment of sprains:—

"The treatment of sprains of the lower extremity resolves itself into "that for diseases of joints generally. In all sever sprains of the ankle, "and in all cases of doubt as to the exact nature and extent of the injury, "it should be treated as a fracture and the 'immovable apparatus' made "with starch is the best application. * * In the less severe forms "of sprains great benefit will be found to attend the use of the pure "*rubber bandage.*"

Keetley in his *Index of Surgery* says: "In the great majority "of cases *nature* is thoroughly competent to cure sprains unassisted. "Many people 'walk them off' as they say. * * * * "There may be some doubt about the amount of harm to be really "attributed to treating sprains by motion; but there can be no question "whatever about the mischief done by rest. * * A treatment "which will be found very successful is to supply the place of the torn liga-"ments by applying carefully and thoroughly, bandages outside the joints "to limit effusion and inflammation by the pressure of such, and to secure "elasticity, and thus permit a certain amount of movement, by means of "plenty of good cotton wool, or else by using the *rubber bandage.*"

Prof. James Syme in *Naphey's Surgical Therapeutics* gives his "views as follows: "The means that affords most relief from the pain "directly caused by the injury consists in the application of *hot fomentations* and the preservation of rest."

Dr. J. C. Ogilvie will in *Brœthwaite*, part LXXIX., page 164, gives his views of the value of the *rubber bandage* of which the following is a synopsis: Elastic compression will be found of great value in affections of joints, including among others, tumour albus or gelatinous transmutation of synovial membrane, effusion into joints and sprains. In white swelling he has found elastic compression invaluable. He believes we possess a means of treatment capable of effecting more good than by any of the modes yet devised, and results may now be obtained which before the introduction of *elastic bandages* would have been deemed impossible.

Dr. Martin who was, I think, the first to draw the attention of surgeons to the value of the *rubber bandage* has used it with manifest success in cases of effusions into joints. In chronic cases he advises aspiration combined with elastic pressure. He says: "I have never known a case in which "this was done where effusion returned and conversely, I have never "known a case where such a joint was asperated, and no such support "afterwards applied, in which it did not return whether the synovitis "was the result of injury or of disease.

"In sprains the use of the bandage will at once recommend itself to "all, for the employment of elastic compression and support in cases of "the kind is as sound in theory as experience has proved it to be in

"practice. In what is known in common parlance as a sprain, there is "generally rupture in a greater or less degree of some of the ligaments "attended by extravasation of blood, and followed by exudation of in-"flammatory products, and no better substitute of the torn ligaments "could be found than that supplied by an elastic bandage, and no more "potent method could be devised for the prevention of undue effusions or "for setting up absorption, than the gentle, yet continuous compression "which it affords."

I have thus brought to your notice panoramically the views of the most eminent surgeons, given in their own words, taken from the latest editions in surgery and the most recent journal publications, on the treatment of sprains and joint affections. It now remains for me to restore order out of chaos, and therefore to lay out a system of treatment which shall represent the best views of all, and which shall be applicable in every case of injury involving joints.

The first step in the treatment of a sprain of recent origin, is to relieve *pain*. This can invariably be done speedily by *hot fomentations* or by immersion, which must be continued, increasing the temperature as the patient gets accustomed to the heat, until pain has ceased.

The second step is the application of the *rubber bandage*, which is to be put on immediately after the discontinuance of the hot water and worn constantly. Should there have been considerable laceration of the ligaments, or should the parts have been bruised, the rubber bandage had better be placed *over* a wet compress for not to exceed twenty-four hours. In the treatment of knee injuries, however, it will be necessary in many cases to use the compress for several days. It should be put on *hot*, and changed every few hours. Should this treatment be pursued in any case, it will be well to omit the compress, as one would a poultice, so soon as the skin thickens or becomes white, as it will rot under constant moisture. The rubber bandage must be worn constantly, however, and the compress re-applied should pain succeed its discontinuance.

In regard to the use of an ankle following a sprain, in most cases the patient is able to go out the next day, by the aid of a crutch. At first the patient simply bears the natural weight upon the foot, but as soon as *motion* causes no pain, the patient may walk as usual.

Conclusions:—It is evident that inasmuch as one author says rest in the horizontal state; another, walk it off; one uses cold, another hot; again, the "immovable apparatus" is recommended by one and condemned by authority equally good—that a treatment which will relieve pain immediately, prevent swelling and effusion, and restore speedily without stiffness a joint to its natural condition, will not be considered ill-timed.

The italics are mine.

XXIX.

Gangrene Following Amputation Arrested by the Use of Stimulants in a Person Addicted to Intemperance.

By J. C. McPherson, M. D., Lyons, N Y.

A man entered my office in an excited condition and exclaimed: "Mr. "B., has been run over by a locomotive, and his leg is terribly crushed "and bleeding, and you are wanted as soon as possible at the Central Depot."

I went immediately to the spot taking with me instruments and appliances usually needed on such occasions, and found the unfortunate man lying on a railroad truck, such as are used about the depot, talking as rapidly and as indistinctly as though just from Ireland, his native sod.

Found him a man over sixty years of age though strong and apparently a good character to withstand what it seemed at a glance he must, for, though the limb was well wrapped by the railroad attendants in thrums, such material as is used in packing over car axles. I could see that the injury was a grave one. There was but very little hæmorrhage, so I concluded to remove him at once to my office where a thorough examination could be made and further measures decided upon. He was conveyed to my office by several men on a dray, when I summoned Dr. Sweeting to assist me in making an examination.

Ether was administered, the clothing and thrums removed so that the leg was entirely bare. The car wheel evidently passed over the leg just above the ankle, crushing the ankle and leg to the junction of the lower and middle third, leaving it in such a mangled condition that nothing was left but amputation to save the man's life. So accordingly in about two hours from the time of the accident I proceeded to amputate at the junction of the upper and middle third using the circular method leaving nothing but the skin for a flap.

The amputation was made above any of the injured tissues, the skin looking perfectly natural and firm. The amputation was done, the stump dressed and the man in as comfortable and promising condition as could be expected.

While he is coming out from under the influence of the anæsthetic, I will say that he is a man addicted to the use of spirits, principally whisky, and that for thirty years has been more or less under the influence of it every day when he has been able to get it, and for two or three days previous to the accident was drunk and lodged in jail. Yet upon this day he was free from the influence of it as far as could be seen.

He was wounded once seriously during the late war, in the chest, and made a good recovery. He had no constitutional difficulties and in every way seemed healthy.

Now the work was done and the man ready to move. What was to be done with him was the next question, as he was destitute of home and friends near enough to him to care for his wants. The only place was

the county poor hospital, and this was attended by an allopathic physician, but he was taken there and I followed though it was not customary.

He was given as comfortable quarters as could be expected under the circumstances, and for the first five days seemed to be doing all right, only the stump and flaps seemed to remain just as they were left. No pain, no swelling, no discharge, unless the flaps were smaller there was no change. The patient's general condition up to this time was good, but now he seemed weak, prostrated and indifferent.

Stump was dressed with warm dressings and Carbolic Acid, Arsenicum was given internally.

Next day no better, but worse, grangrene in flaps and general condition much worse.

The day following it seemed to me as though death was inevitable and all who saw him said he must die, and if he lived there must be another amputation as the gangrenous condition had already gone so far as to make flaps extremely short. I gave other remedies but nothing seemed to do him any good.

I began to look about for something to save my patient. Remembering that he was a man given to the use of stimulants and that he must be much depressed from the want of it, I began immediately to give him six ounces of good whisky daily.

The gangrene stopped where it was, the dead tissues soon sloughed, leaving a perfectly healthy stump with flaps plenty long enough when well drawn down, though my allopathic brother said it would be necessary for re-amputation.

The man made a good recovery and is to-day able to go about with an ordinary wooden leg or peg.

I call the attention of the society to this case for the reason that many of the persons entering our hospitals and persons most liable to such accidents are those in a habit of drinking more or less.

The system is depressed from the want of a force which has become almost a natural one, and should be sustained even though by something we would not advise after recovery.

XXX.

A Case of Compound Dislocated Humerus.

By S. J. PARKER, M. D., Ithaca, N. Y.

I have been very much interested in the reading of a paper by M. O. Terry, M. D., on "Sprains," which will be read before the society. A sprain may be severe in the injury done to ligaments and tendons, yet not be attended with rupture of any part. In more severe sprains, there is rupture, more or less extensive, of the tissues about a joint. And this

division of the continuity may be to any degree. Spraining force is somewhat diverse from fracturing or dislocating force. The case I am to relate was a spraining force of a nature similar to a miss-step, attended, perhaps, by dislocating flexion of the limb; but mainly spraining, as it seems to me.

Early in June, 1883, S. B., a painter by occupation, was employed in painting on the outside wood-work of the cornices and window frames of the military hall of Cornell University, lately opened at the last commencement. He was some twelve feet from the ground, on a ladder, when, as he says, he "took hold of a bracket," or ornament, "that was tacked in place, not nailed fast," when he fell and struck his hand on a rung of the ladder and on the ground. It is probable that as the hand struck the ground, the elbow (forearm) was violently extended by the arm being held near the elbow, by the rung of the ladder. The humerus was, at its lower end, completely *sprained* by the detachment of every one of the ligaments and tendons, naturally fast to it at this end, and dislocated; the anterior facia, and skin ruptured at the elbow joint, the muscles and tendons separated. The blood vessels and nerves displaced, with no great amount of injury, thus making a clean, not much lacerated opening, through which the humerus projected nearly, or quite, two inches and a half, presenting the synovial joint membrane clean, smooth, except a fissure an inch long, which reached a quarter of an inch deep through the synovial membrane, lessening in depth as it ran towards the middle of the joint. At its outer edge the cartilaginous underlying tissue was peeled off of the cellular substance of the bone, some three-eighths of an inch wide. The humerus was pale; as free of all appearances of ligaments or tendons as if it had been boiled and cleaned, upwards some three inches; or as far as discernable, outside of the skin and in the wound.

The case was in the hands of its medical attendant, Dr. E. J. Morgan, Jr., of Ithaca, N. Y. I saw it only in council. The patient was removed some half mile to his own dwelling, and Dr. Morgan, Senior, and myself, called.

The dislocation was quite easily reduced under chloroform; but the bones were not easily kept in place, as all the supporting parts were ruptured; and the elbow end of the humerus so smooth and destitute of anything to aid its retention, except the contour of the tibia. The arm at no time assumed violent or uncontrolable inflammation, though much swollen and painful for some days. There was a bloody synovitic discharge, quite exhausting to the patient, a robust man, that continued some weeks; but never assumed those terrific forms described by the older treatment of the by-gone dogmatic days. The wound closed in some four or five weeks; and when I saw it at the sixth week, the arm was healed, reddish about the wound, and with a few inches of motion, beyond which the anchylosis fixed the limb. But a few days ago I saw the arm. It has but a slight motion; has not a bony union, though its bonds are with a sound as if bony matter was being deposited, or limiting the motion. Owing to the excellent homœopathic use of drugs by E. J. Morgan, Jr., M. D., the patient's life was at no time in danger, nor did he suffer much

(beyond a few days), nor was his health seriously impaired, and he is now at work.

The arm is flexed at a slight angle, and is useful as are such arms; and the patient pleased by its preservation.

In closing, let me say that under homœopathic treatment, at least in country air, severe synovitis is not a matter to be much feared, or incontrollable. Nor is caries in my observation frequent. Arnica is useful with Aconite at first, Ledum Palustre later, Gelsemium has its still later part, as well as Bryonia, etc.

This is confirmed by a severe sprain of the ankle, also a patient of E. J. Morgan, Jr., where a point of injured skin and tissue sloughed, opening the synovial cavity; under homœopathic treatment, having the bloody serous discharge freely, without pus, not very exhaustive; with complete recovery of motion, without serious results, the patient now being out on crutches.

XXXI.

Albuminuria, Placenta-Prævia. (Recovery.)

By R. C. MOFFAT, M. D., Brooklyn, N. Y.

March 8, Mrs. S. L., æt. 34, presented herself at the Brooklyn Maternity, fearing an immediate miscarriage. She was within six weeks of term. She lived miserably with her husband; had had five children (the last, born at eight months, died when three months old), and had suffered four miscarriages at two, three and six months.

She was exhausted mentally and physically; had frontal headache with pain in the eyeballs and defective vision, as upon her previous miscarriage; she feit recurring pains, and voided urine largely and frequently. She was flatulent, feverish (temperature 99°, pulse 105), tongue and lips parched and brown; no œdema; bowels normal. Digital examination detected left lateral placenta-prævia, occasional hæmorrhages having suggested its possible existence.

Rhus tincture in hourly doses, relieved everything but the abundant urine, the defective vision and the flatulence.

March 9th to March 17th.—Inconsiderable variations in her condition, but on the whole, she improved. She passed daily 112@120 ounces of hot or burning urine that showed ½ declining to ¼ in bulk of albumen; puss cells and hyaline casts under the microscope; pulse 105 to 80, and temperature uniformly 99°@98½. On one occasion a flow set in, during which a portion of the placenta was thrown off; no discernable signs of fœtal life; headache, pains in the eyes and impaired sight continued, but with some mitigation all the while.

During these eight days she had only Merc. Dul. 3d, hourly.

March 18th.—At eight months, labor set in, and she was delivered

of a puny, 4¾lb. female child, greatly to the surprise of her attendants, without either convulsion or undue flowing. The babe was cyanotic, breathed only after manipulation, the cry was bird-like, and it died in an hour and a half. No doubt death was due to (1) premature birth; (2) albuminous condition of the mother; (3) the lateral placental position, and (4) imperfect closure of the foramen ovale. No autopsy was held.

The next day improvement set in; headache and pain in the eyes slighter; some sense of light, but we could hardly say there was vision, and the urine but 54 ounces (against 118), the albumen being still ¼ of its bulk.

Second day.—Lactation set in, and the record is not so favorable. Severe pains in the eyes and in the occiput; vision worse; urine 92 oz.; temperature 99¾°; pulse 105. ℞ Merc. Dul.[3] and Bry.[3]

Third day.—Better in all respects; the albumen is 1-5 in bulk.

Fifth day.—An inexplicable increase of urine to 97 ounces, followed on the

Sixth day by a reduction to 74 ounces, and "no albumen whatever apparent." It ceased entirely.

Ninth day.—Continued improvement; urine 64 ounces, and "passed at proper intervals."

Eleventh day.—Can distinguish (for the first time) the details of the dresses of her attendants, and is interested in the arrangement of her own hair.

Sixteenth day.—Reports having had for two or three days a sharp, persistent pain in the right inguinal region, extending to the back; also down on the anterior surface of the thigh. She had experienced this in her former labor. To the Merc. Dul. 3d of the past eleven days was added for 24 hours, Cimic. tincture hourly in alternation. The pain disappeared entirely by the next day.

Twentieth day.—"Objects though blurred can be distinguished half a block off." ℞ Sulph.[cc]

Twenty-third day.—"Could read head-lines in the daily papers," and ceased her connection with the Maternity.

XXXII.

Post-Natal Development of the Vulva.

By R. C. MOFFAT, M. D., Brooklyn, N. Y.

Within thirty years it has been my fortune to have observed two cases of what I cannot but consider post-natal development of the vulva; and in connection with them, to have learned credibly of three others. I deem the subject worthy the attention of the society.

That the difference between the cases that I report, and the normal development *in utero* may be more clear, I transcribe from Quain his

description, (which agrees substantially with that of Duncan,) of the *Development of the External Organs of Generation.* (*See Quain's Anat.*, Lond. Ed., Vol. II. p. 1000.)

"Up to the fifth week (of gestation) according to Tiedemann, * * "there is a common opening for the intestine, the generative, and the "urinary organs; *i. e.*, a *cloacal* aperture. In front of this simple open-"ing, there soon appears a small, secured projecting body, which as it "enlarges, becomes grooved along the whole of its under surface. This "is the rudimentary *clitoris*, or *penis*, at the summit of which an enlarge-"ment is formed which becomes the *glans*. The margins of the groove "seen on its under surface are continued backwards on each side of the "cloacal aperture, which is now elliptical, and is bounded laterally by two "large cutaneous folds. Towards the tenth or eleventh week, a trans-"verse band, the commencing *perineum* divides the anal passage from the "genito-urinary passage, which latter now appears as a rounded aperture "just below the rudimentary clitoris, and between the prolonged margins "of the groove beneath that organ. * * * In the female the "two lateral cutaneous folds enlarge, so as to cover the clitoris and form "the *labia majora*. The clitoris itself remains relatively smaller, and the "groove on its under surface less and less marked, owing to the opening "out and subsequent extension backwards of its margins to form the "*nymphæ*. The *hymen* begins to appear about the fifth month. Within "the nymphæ, the urethral orifice becomes distinct from the vaginal."

Quain only mentions the raphe in connection with the male development. It will be remarked in both my cases the raphe was very decided.

In 1852 a fine female child was born under my care, the mother convalescing well, though slowly by reason of post-partem hæmorrhage. About two months after the birth she requested my "attention to Josie for she was not right!" "Josie" was well grown, healthful and fat. On separating and strongly flexing the thighs the babe being on the back, the parts were exposed perfectly, and the following appeared:—

1. The lower portion of the abdomen.

2. The mons veneris with extensions downwards and outwards for an inch or so, evidently the rudiments of the *labia majora*, but losing themselves in the general smooth surface.

3. In the angle formed by separating these folds, and about an inch from the apex, was a perfectly round aperture,—*the orifice of the urethra*—the white skin extending to its very border all round.

4. From this orifice, extended straight down to the anus, which was perfectly formed, extended a well-defined raphe.

This was all—there was no clitoris, no vaginal opening, no nymphæ, no sign of a vulva. The region of the vestibulum was there, but it was covered with *white* skin. My hand was passed from the inside of one thigh over the perineum to that of the other, and encountered nothing but the raphe. Moreover the parts were symmetrical; and the skin as perfect as in any other part of the baby.

The distress of the mother was genuine; though how this could have remained undiscovered so long as two months, I could only understand by her having given over the care of her baby to the nurse.

I applied for counsel to the first Doctor Rosman, of Brooklyn, who promptly said, "Let it alone; time will bring it all right." He told me, without going into particulars, that he had had just such an experience; and had profited by waiting. Indeed, there was nothing else to be done, for the health of the child being good, surgical interference was unwarrantable; and other help, there was none. I enforced this counsel on the mother. and, to keep her from seeking other advice, enforced it with more hope than I felt.

Non interference had its reward! In about six weeks, perhaps less, the mother came rejoicing to me, "Josie is coming right! come and see!"

The dorsal position was again assumed, and the thighs flexed. The change in condition was great at a glance:—

1. The *labia majora* was fully formed; and extended well towards the perineum, having the ordinary shape and proportions. The general contour of the parts were such as usually found.

(2.) On parting the labia gently, the orifice of the urethra lay normally in the floor of the vestibulum, which was red, and covered with mucous membrane; below, was the orifice of the vagina, plainly but partially visible, because the posterior half of the vulva had not yet opened. The labia, towards the region of the yet unformed posterior fourchette, separated at a sharp angle, and were held by a transparent, glairy membrane, stiffer than the white of egg, that I did not care to break because I observed a redness where it joined the skin on each side. This redness suggested a denuded surface at the time; but I now think it was the vermilion border of the mucous membrane. The separation was exactly in the line of the raphe, which lay as before in the perineum and extended nearly to the anus. I could not recognize any nymphæ. No later examination was held, the mother reporting to me that "Josie was quite right now."

This was in 1852. About five years since "Josie" married sustained a miscarriage early in her first pregnancy, and suffered severely in her first confinement at term. I do not know any particulars.

2d Case. A second child, born February, 1853. When five months old, the mother requested my attention to "the malformation of her baby." The condition of the child, except that she was not so fat, was strikingly like the other at my second inspection. The parts were symmetrical. The labia majora, though not complete, were better defined and extended further towards the perineum. The vestibulum was quite as well marked toward the symphysis; but was not easily seen toward the the vagina, because of the sharp angle made by the yet unseparable labia. There was the same transparent membrane, that seemed to be an important feature in the development. The vermilion border was lacking, though perhaps a later inspection might have shown it. The nymphæ, though small were easily recognized. The development was from before backwards, and exactly in the line of the raphe, which was less marked than in case No. 1.

In neither of the patients was there any constitutional disturbance accompanying the change.

I chanced to mention these childeren to a capable monthly nurse. She showed a great deal of intelligent interest in each case, asking me for particulars that I have not given above; and finally stating why she was so interested. Within a few months she had lost by diphtheria, a girl nine years old whose condition at death was like that of "Josie" at my first inspection, for vulva, there was none; and the urethra opened upon a plain surface, unbroken from thigh to thigh.

And further: From recollections of her own early childhood, of having been taken by a step mother to the doctor's and laid upon a sofa for examination, she thinks she was in like manner a case of post-natal development. All her five labors were normal.

In the above two points of interest present themselves:—

1st. The post-natal development itself. The fact of its occuring; and secondly, the manner of it.

Both processes are from the clitoris backwards. In both, the labia majora are first formed; and the other parts appear successively. The difference lies in the perineum, which in the *ante*-natal process is projected from each side; and so, separates the vagino-urethral from the anal opening; while in the *post*-natal the entire space from the urethra to the anus is solidly filled over; and subsequently the solid parts open from before backwards, and uncover, as it were, the distinctly formed vagina.

The writer would like to ask if any of the members of the society have had a like observation, or personal experience.

XXXIII.

Triplets with Hour Glass Contraction after the Delivery of the First Fœtus, and its Placenta.

By A. R. WRIGHT, M. D., Buffalo, N. Y.

Mrs. B., age 40, and the mother of four children, February 2, 1882, sent a message for my immediate attendance. On my arrival at the house at 9:45 A. M., I found that she had been pregnant about 5½ months, considerable uterine pain, and decided contractions. I left her, and on my return, at 10:30, found a prolapsing sac of water, which I ruptured. At 10:45 she was delivered of a fœtus, but there was difficulty in removing the placenta. A little persistent traction with the pains brought it away. On examination, one side of the enveloping membrane presented a jagged, lacerated edge. On passing up two fingers into the os, I found the uterus contained other solids, and hæmorrhage supervening, I was obliged to pass the whole hand and overcome an hour glass contraction, and brought down another fœtus at 11 o'clock. At 11:15 a third one came, and at 11:45 a double placenta, showing the ragged edge from which the first

had been separated. My object in reporting the case is to put on record the triple placenta, for some accoucheurs have reported triplets with but one placenta, others with three distinct and separate ones.

When laid on a flat surface these placentæ appeared like three eggs lying alongside one another in a napkin. The investing membrane dipped between the placentæ till it became adherent to the opposite side, thus separating each placenta from the others, while there was but one common sac. The children were perfectly formed, and of about equal weight. One of them urinated, passed stools, and breathed for two days.

XXXIV.

Delay in Using Obstetric Forceps.

By J. T. GREENLEAF, M. D., Owego, N. Y.

The experience of the writer has taught him that there is an unwritten law against the use of forceps in any but the most desperate cases of obstetrics.

The books fortify their sanction to their employment by a corps of reasons, and marshall the serried ranks of caution's many days ere they will endorse any but the most Fabian policy in such a procedure.

Many of the reported cases seem to require an ample apology for their introduction. Hoping, then, to turn the tide of discussion for a few minutes toward this indefinable prejudice on the part of many to the early use of forceps in any case of midwifery, I trust we may at least encourage those who are beginning to deviate from the course laid down in the standard books, and blindly followed by many good practitioners. To this end let us look at some of the more valid objections to their employment.

Danger to the mother is urged against their use. Premial rupture is more likely to occur when they are used. The fact of the matter is that the very class of cases which generally are accompanied by this laceration, is the same class wherein forceps have to be used—as very large and hard fœtal head, primiparal late in life, labors which are almost dry; and an early use of forceps would have modified and lessened, if not *prevented* these troubles. Danger of laceration of the soft parts, or abrasion and contusion of vagina, is also mentioned. An impacted head, when allowed to lie for the regulation six hours, will certainly be followed by such results, whether the forceps be the last resort or not.

Danger of inertia of uterus from too sudden evacuation of its contents. This objection is more valid, but can be avoided by slow traction and careful delay after the delivery of the head. The objection as to danger to the child is at once reduced to a minimum by personal reference to each one's own experience.

The state of public opinion and intelligence regarding their application is also presented as a bar to their frequent use.

I acknowledge at once that there is a tendency on the part of community to attribute all the calamities in a case where the forceps are used to the forceps, but beyond this I hardly know of a case where either the patient or her friends have made any objections to their employment. The difficulty of their introduction sometimes acts as an objection with the uninitiated. There is often some disappointment attending their use when a man who has a fair knowledge of the anatomy of the parts, and is under the excitement attending his first attempt to introduce and lock them. This arises from the extreme ease with which he will accomplish the feat, for I defy the greatest bungler to apply them wrongly when the woman is not under the influence of an anæsthetic.

There are some reasons why we should use them more frequently than a decade or so ago.

First, the physical strength of American women is declining, and nervous diseases are on the increase. The most beautiful in the world, the American girl generally approaches maternity with a weakened constitution, both from inherent disability, from our high-pressure style of life, and in some cases from the results of various expedients to prevent gestation. Such being the case, the man who is up to the times will be prepared to render artificial aid before the last atom of strength has departed from the weary form. However at variance it may be with the printed aphorisms, it is required and we as thinking men ought to free ourselves from the thraldom of a regime that is past and gone. Please understand my position to be to advocate the use of the forceps just as soon as the physician is satisfied that the natural forces are inadequate to a delivery which will be followed by a good recovery.

XXXV.

Ante Partum Treatment.

By HERBERT M. DAYFOOT, M. D., Rochester, N. Y.

It was evidently intended that pregnancy should be a normal condition, yet many a woman dates the beginning of her physical ills from the commencement of gestation. Whether this is due to the violation of the laws of her being, the habits of modern life, or the influence of heredity, the fact remains the same, and the resources of the physician are often taxed to the utmost to alleviate the suffering that the condition entails. At other times, through ignorance or diffidence, the pregnant woman struggles bravely through to the bitter end without a murmur, either shrinking from asking relief, or doubting that it could be obtained.

The question then arises, can we do anything to mitigate the ills and discomforts of gestation, or rob child-birth of any of its terrors? The

field for investigation is a broad one, the records scanty, the means at our command limited, and the value of them still undecided; but the results sought for of so much moment that some practical suggestions may be pardoned, even if no new light is given.

In recalling my experience of sixteen years' active practice, in which I have enjoyed at least an average amount of midwifery, I find that fully 70 per cent. of the cases of dystocia have been those in which my professional services were first demanded at the hour of labor. When consulted from the commencement of pregnancy, I am satisfied we can do much to make life worth living during the long months of gestation, and without apology or comment, I will outline the course of procedure I usually adopt in a few of the more common ailments, together with what I consider the best preparation for parturition, detailing a case or two by way of illustration.

Among the sympathetic derangements of pregnancy none is more common or more productive of distress and discomfort than that of nausea and vomiting—usually termed morning sickness. Here we have found our remedies of signal benefit, and can generally secure an alleviation of the symptoms, if not complete relief. I have employed for this condition *Ipecac*, *Nux Vom.*, *Iris Vers.*, *Creasote*, *and Arsenite of Copper*, and have rarely had occasion to feel the want of other medication. One of the worse cases I ever saw came to me from the old school after the regular line of treatment had been exhausted, and a grave prognosis given. I found the patient unable to retain the slightest nourishment, continuous retching, profuse salivation, fetid breath, loss of sleep, profound exhaustion, with a quick thready pulse. *Creasote*^{3x} was exhibited with the happiest result, and *Iris Vers.*^{1x} completed the cure. So marked was the effect in this case, that almost the whole neighborhood was converted to homœopathy. In a few obstinate cases I have resorted to the application of Belladonna to the os, tincture of Iodine or the ice bag to the epigastric region. I have also used milk, peptonized by Fairchild's pancreatis for nourishment. *Constipation* is a very frequent accompaniment of pregnancy, often being present in women who have never before suffered from it. *Nux Vom.* at night, and *Sulphur* in the morning, the sixth decimal trituration of each, together with a proper diet generally gives relief. In my experience this old and favorite prescription is more frequently indicated than any other; but in some cases you will be obliged to make a close study of the case, and select your remedy by the totality of the symptoms. As a valuable adjunct I cannot speak too highly of a rectal enemate of one half ounce of Olive Oil at bedtime.

Ptyalism.—This very distressing accompaniment of pregnancy has baffled the skill of many eminent physicians. So trustworthy an authority as Playfair after detailing the resources of the dominant school states: "They may all be tried in turn but none of them can be depended on with any degree of confidence."

Homœopathy, however, offers a soverign remedy in JABORANDI. Its peculiar action on the cutaneous and glandular secretions is well known and calls attention to the drug in this affection. After taking one drachm

and a half of the tincture my friend Dr. Spencer expectorated three pints of saliva in two hours. In order to obtain its therapeutic effects we use it in five or ten drop doses of the first decimal attenuation, three or four times a day, its action is prompt and decided. *Pruritus* when caused by an acrid leucorrhœa often yields to the sitz bath, vaginal injections of warm water and Castile soap, the topical applications of a borax solution and the exhibition of *Sepia.*[12x.] If dependent on ascarides a wash made from an infusion of Tobacco gives relief. When the disease is of a neuralgic character, benefit may be obtained by an application of one part of Chloroform and six parts Almond Oil. When the pruritus extends beyond the vulva I have found that Bromide of Potassia in generous doses is useful by diminishing the general hyperasthetic condition of the nerves.

Albuminuria.—The presence of albumen in the urine of a pregnant women is always a source of anxiety to the watchful physician, the risk is by no means slight and the complication a grave one. It has been estimated that 49 per cent. of primiparæ who have albuminuria and who escape eclampsia, die from morbid conditions traceable to the albumen, while it is generally admitted that puerperal eclampsia is one of the most dangerous complications of pregnancy. Whether the condition be due to the pressure of the gravid uterus or a superalbuminous condition of the blood or both, the patient requires the closest supervision while a trace of albumen exists in the urine or any unusually morbid phenomena show themselves.

The remedies we have come to depend on in this complication, are *Arsenicum*, *Apocynum*, *Apis*, *Benzoic Acid*, *Mercurius Cor.*, and *Plumbum.* Kali chlor. should also do good work here, but I have not yet had an opportunity to give it a trial. In addition we use the sitz bath, sometimes dry cupping over the loins, with a light easily assimilated diet, of which milk forms the greater part. Perhaps I may be pardoned if I detail a case to the point. A lady from another State, with a history of one pregnancy at full term, and one so-called false conception, came to our city to be under the care of a prominent gynæcologist. She was treated *secundum artem*, with pessaries, etc., for six months, but at the end of that time she was frankly informed by her physician that he did not know what was the matter with her. She naturally sought assistance elsewhere, and I was consulted. After a thorough examination, a positive diagnosis of pregnancy was given, and the patient returned home. She decided, however, to come to the city for her confinement. I was called soon after her arrival, and found a condition of anasarca, her lower limbs œdematous, her hands and arms somewhat swollen, and a slight infiltration about the eyes. I examined the urine and found it loaded with albumen. Of course with this state of affairs I was quite anxious about my patient, but under the influence of *Apis*, *Arsenic* and *Mercurius Cor.* the albumen slowly disappeared from the urine till there was not a trace of it left, the swelling subsided from the face and hands, but the limbs remained œdematous till after confinement.

In due time she was delivered of *two* fine girls, and made a good convalescence. I may remark, however, that the nurse intimated I was so anxious to make good my diagnosis I had rather overdone the business.

When consulted before delivery, I have been in the habit for several years of advising a general line of procedure, varied only when unusual morbid phenomena demands special attention.

The regimen is substantially as follows: Daily gentle and agreeable exercise in the open air, and a moderate share of housework, the amount to be gradually diminished as confinement approaches. The use of the sitz-bath commencing at the seventh month, taking one bath a week, and gradually increasing, until the month previous to labor a bath is taken every day. The temperature of the water should be about 90°, and the best time just previous to retiring. The duration of the bath may vary from ten minutes to half an hour. The diet to consist largely of vegetables and fruit, the avoidance of pastry, coffee, and highly seasoned food, alcoholic, narcotic, and other stimulants. The inunction of olive oil or vaseline to relieve the abdominal distension in the latter month of pregnancy.

And finally, I prescribed a three-grain powder of Macrotin^{2x} every morning and night after the eighth month. That this course of treatment faithfully carried out will place the pregnant woman in the best possible condition for delivery I have no reason to doubt, in fact, I may say it has been so demonstrated to my satisfaction, time and again. An isolated case proves nothing, but frequent repetition carries conviction. While I could multiply instances I will close with one of recent occurrence.

The mother of three children found herself again pregnant, and invoked my service against the repetition of her former difficult labors. I gave her instruction and medicine, and awaited her confinement. She was awakened from a sound sleep, and hurriedly sent her husband for me, but before he could reach my residence the child was born. I arrived just in time to secure the placenta—and my fee. This lady assured me her entire labor consisted of two pains. Her recovery was perfect, in fact I had the greatest difficulty keeping her in bed the regulation time, while to-day her child is the healthiest and happiest specimen of her inches in the city.

XXXVI.

Preternatural Labor—Asphyxia.

By W. W. FRENCH, M. D., Ballston Spa, N. Y.

This case was one where the right hand and arm were exposed or born.

The patient, a small wiry woman about thirty-five years old, who had been mother to five children, only two living. She was lame in left leg, which was shorter, and had been from birth, which caused a slight limp when walking. Usually well and strong, never had any trouble in giving birth to her children, and got along without a physician, and thought she could this time. She had been in labor twenty-four hours,

twelve of it after the water broke. She was sure something was wrong, and sent for a physician. When I arrived, she and attendants were in a terrible excitement and informed me that the "hand and arm were born." Mrs. K., had been usually well during the time of pregnancy, I was informed, except a slight "fall from a chair when about five months along," but experienced no trouble from it. As I approached her bed, she said "Oh! doctor, I don't know what's the matter, I feel so bad; and the "pains are all the time, they do no good, and I don't get along, do try and "relieve me." I gave her a few encouraging words, as is my custom at such times, and after expressing to the husband my fears for her life and the child's, as I feared hæmorrhage from mother and strangulation of child. I said I will do my best to save the wife, but I think the child will die; yet will do my best to save both. Upon examination I found the attendants were correct for the hand, and arm to the elbow were surely "born;" and almost purple, and *dry*, showing exposure for some hours, the attendants said two or three hours.

I placed the woman on her back, with limbs flexed at hips and knees, and well apart, hands by the sides; then oiling well the *little* hand and arm, I enjoined her to refraid from the *pains* as much as possible which she did to a remarkable degree. I grasped the hand and arm with my right hand and slowly but firmly and constantly crowded them into the vagina and thence to womb, my strength overcoming the uterine contractions. After a half hour I was successful in having them well inside; but not without causing the woman some severe pain, as she said, "Oh! doctor, you will kill me, and you hurt me so," etc.. etc. Without removing my hand I rested a few moments; and with my fingers extended passed it by the shoulder of child into the fundus of the womb, where I found the feet, which I grasped, and began turning the child, by bringing the feet down, urging her not to "strain, or press down." In a very few minutes the feet were down. I then turned the woman on left side, and gave her medicine to contract the womb, which acted kindly, and labor began again. The feet and limbs soon passed, and grasping them I aided the work of passing the hips, and then carrying the feet toward the back. The head was soon passed and she delivered of a little girl completely suffocated and nearly black. I called for hot water, tied the cord and severed it; immersed the child, except head, began spatting its back, chest and sides, turning and pressing so as to imitate respiration, blowing in the face, hoping and praying for the "cry." After the family and attendants said "never mind doctor, it's gone." I continued for over a half hour, when I was gratified and glorified, by seeing a "gasp," and soon hearing a faint "cry," which grew stronger and stronger till breathing was regular. Now it is a strong, healthy child nearly four years old.

The mother made a rapid recovery under the internal use of Arnica 3^x, and Gelsem. 2^x. I am sure that constant and continual manipulations, with these "death births," as they are called, would restore many more pulseless infants to life, if accoucheurs will be more careful and persistant in their efforts.

It is my practice when I can, not to tie and sever the cord till the child breaths, urging the mother to breath long and hard during the time.

I always give Arnica 2x or 3x in water, every one or two hours for the first day or two after delivery. If "after pains," are very severe, I give Gelsem. 2x in water every hour or half hour, according to the intensity of the pains, which are relieved in a few hours. As soon as pains cease, I stop all medicine. I have the child oiled all over before washing and dressing. I use no bandage to the mother, (unless the *old women* insists) then pin loosely while in bed, where I keep them two weeks if possible, when they get up and begin to stand and walk, I order a bandage pinned tightly, low across the hips, and to be worn for a week or more. A good abdominal bandage or support is the best thing. I object to the feeding of infants, but have them put to the breast as soon as the mother is cleansed and rested a few hours.

Give babies plenty of cold water and they will have very few crying spells with colic.

XXXVII.

A Few Obstetrical Cases.

By ANNA C. HOWLAND, M. D., Poughkeepsie, N. Y.

Two cases of long retained placenta, Mrs. T., aged 36, a large, robust woman, who had had several premature births, caused by dropsy of the amnion, became again pregnant in June, 1883. I hoped by proper remedies to remove the excess of water and carry her safely through to term; but in the fourth month of pregnancy, after several days of slight pain, and some discharge of water, she miscarried. At the time she had *no pain*, and very little flow of blood, only a very large amount of water. I was informed some hours afterwards, and found her very little reduced; said she felt perfectly well and wanted to get up, but the placenta had not been expelled. The os was well closed, and giving some Puls. I concluded not to interfere at present but to watch the case closely. I did so for a fortnight, at the end of which time the patient refused to keep quiet longer, and went about her daily work, which was light. I told her to send at once if she had any bad symptoms, describing to her what the symptoms would be. She is a very sensible composed person, and very careful in her statements. I saw her occasionally for several weeks. About five weeks after the miscarriage, she had a slight flow, but not enough to send for help, and nothing more until five or six weeks after that when, after little pain and flow, the placenta was expelled, looking perfectly natural. I did not see it, but the patient and her sister, who had both had a great deal of experience in child-birth, examined it carefully, and I could rely on their statements. No ill symptoms followed and the lady has been perfectly well since.

In 1873. Mrs. S., sent for me suddenly one day feeling greatly alarmed at *something* which had passed with the usual, monthly flow. She had

just moved to the town, and stated that four months previous she had miscarried it the third month, but had been "pretty well" since only at her periods had lost more than was usual, and many clots. An examination of the mass expelled showed it to be a healthy looking placenta. This patient was perfectly well, for the few months she remained in this city. I have not heard from her since.

I am led to give these cases, from the report of two somewhat similar ones reported in the *American Journal of Obstetrics* for October 1883.

In these cases the symptoms which arose after some months made interference necessary, and by dilation of the cervix, the writer succeeded in removing the whole mass.

The Editor in a foot note remarks: "The deterioration of health, firm "attachment of the placenta and final necessity for removing it instru-"mentally in both cases, seem to us the best corroborative evidence in "favor of immediate removal of the placenta after every abortion. That "the placenta was firmly attached in these two cases was fortunate, as "the decomposition of a partly detached portion would probably have "soon produced septic infection."

In the first case I have given, had there been any evidence of decomposition, hæmorrhage, any rise of temperature, or increase of pulse, I should at once have tried to detach the placenta; but in the absence of all untoward symptoms it seemed to me the best course to wait.

XXXVIII.

The Drugged Insane.

By T. L. BROWN, M. D., Binghamton, N. Y.

The insane who have been given stimulants, narcotics, anodynes and anæsthetics in order to palliate or control their mental condition, as a rule, are carried by the continued use of these drugs into that state usually pronounced incurable. Many of them who were first ill from other forms of disease, are made insane by the immoderate use of such drugs. Those pronounced incurable are mostly kept under the influence of the "regular" insane medication as their last resort. Happily, for the relief of the incurables, we now have an institution wherein drugs of such a character are not used or given to any patient after being placed under the care of its present superintendent. Not a death nor a long medicinal aggravation has yet been observed, following the sudden deprivation of the drugs, in all the five hundred cases received into this asylum. Drugs in large and unreasonable quantities are about to receive a practical illustration and a demonstration of their needless use in the treatment of the insane.

The most violent patients are greatly improved when deprived of such a thoughtless drugging course. It is my observation that many of the

pronounced incurables have reached their unfortunate condition by the ordinary heroic use of stimulants and narcotics. Loss of sleep, impure air and the improper use of drugs are among the first causes of insanity, in many cases, especially when the three are combined in one person. Removing the cause is the first reasonable step toward the cure of any patient.

When three or more of the most common causes of insanity are removed, improvement must of necessity soon follow.

Such has been the result at our Binghamton asylum.

After an insane patient has been thus improved by hygienic care, then the suitable homœopathic remedy can be used to the best advantage. When our remedies are given in non-drug doses, and accurately selected according to the law of similia, then we can understand the unmistakable result. One remedy at a time, in the minimum dose, discontinued as improvement appears, places the patient beyond the cruelty of drugs and the ignorance of a muddling and truly an insane "regular" dosing.

Fortunately, the unfortunate insane are being more justly, reasonably and humanely treated in these days of increased medical thought and more thoroughly tested medical treatment.

Proper medical comparisons will lead us into ways of medical treatment more likely to cure the insane than the common "regular" drugging system. In the natural progress of the science of medicine, the truly regular school of medicine will of necessity soon be as fairly distinguishable and accurately known as more reliable than the present assumed "regular" system can truthfully claim. This method of testing the two schools of medicine can be soon placed before the public eye in a reasonable and convincing form. The test will prove that no medication, or at least remedies in much smaller and in more curative doses, are far better than over-drugging. The best method is the only one we need, if we have the interests of the insane as our moral guide in the treatment of them. Let the truth come to the front as the result of the fairest tests. Insanity should be curable under the advice and medical care of the honest physician, no matter which school of medicine he may have adopted. It is best that the fittest should control.

"Truth to the rescue!" is the motto of the most worthy physician and the best school of medicine.

Let us know which is the true system of medicine, no matter what it costs or who falls in the testing.

Now for the most reasonable contest, with justice and truth as our most worthy guides.

XXXIX.

Prevention of Nervous Diseases.

By T. L. BROWN, M. D., Binghamton, N. Y.

The material of which we are composed, and the causes of thought, have so much more to do with our ease and comfort than *theory*; we propose to advance a few practical ideas on prevention.

On this planet the best climate has the most to do with health of body and mind. Temperature of body is the basis of growth, prevention and ease.

The fitness of brain and nerve tissue for receiving correct impressions, and in memory using them, depends upon a uniform temperature.

Overheating of the brain substance by sun-stroke, has produced some of the most incurable forms of nervous disease.

The extremes of heat or cold are best avoided in a temperate climate, where the healthiest and most intellectual persons are found.

The tested laws of physiology form the best guide to the physician who desires to depend upon knowledge instead of theory in preventing disease.

Involution, which means repair of forms, and evolution, which means decay and destruction of form, is constantly taking place with every individual in both health and disease.

The forms of material, and there are no others, with bodily temperature, fully control our individual involution and evolution.

Size and function of organic structure in the body are dependent upon elemental forms of matter and temperature.

Whatever over distends the smaller blood vessels, disturbing the natural and needful repair of the wasted nerve tissue, consequently the thoughts, as brain-motions, become objectively and subjectively mixed.

When nerve tissue is so changed as to allow objective and subjective thought-motions to be undistinguishable, then the individual is insane in a like degree. This condition does not exist where the nerve tissue and blood have perfect constructive relations. Just here is where the physical, the elements of which we are made up, positively control and determine our thought manifestations. Hence the possibility of preventing the diseases we name as nervous.

When we control the temperature, motions and combinations of the elemental forms necessary to our existence, then we prevent disorganization of nerve tissue, and the material and only causes of morbid brain and nerve motions.

Air, food, drink, exercise, rest, sleep, cleanliness of person, occupation, success in business, all have influence in preventing nervous diseases.

The different organs of the body are kept in physical form and use by the kind and quality of material united under motion and temperature. Motion and rest of the organic structures of the body must be timed and

regulated, or anæmia or hypertrophy will be the result, and nervous disease the consequence.

In special ways each individual has a daily tendency toward disease or health, according to the timely combination or separation of the material absolutely necessary to organic existence.

Individually, we are preventing or producing disease in ourselves according to our obedience or disobedience of known laws of physiology. Our daily failure to obey the unmistakable laws of bodily existence, bring the many diseases we call nervous.

Poisons, in the form of stimulants, drugs, and unnatural food or drink, are among the forms of matter producing nervous diseases.

The most useful thought we have of drugs and stimulants, aside from their curative effects so well known, is that they help to kill the idiots and fools, that the good and the fittest may live long and be happier.

In this just idea, comes the fact of the prevention of disease, as the result of observation and experience.

Prevention is the work of the knowing and wise.

Its absence is the evidence of ignorance and folly.

Physicians who are doing the most to prevent nervous diseases, are lessening the number of fools, and driving out quackery faster than the best legislation.

Education and industry combined prevents what ignorance and idleness produces.

As physicians, our line of humanity is best manifested by our successful efforts to prevent all mental and nervous disease.

Eight hours sleep in pure air, eight hours labor in pure air, and eight hours recreation and pleasure in pure air, with two meals of natural food, daily continued, will do more to prevent mental and nervous disease, than all other means known to the profession.

Such a course will, in time, prevent heredity and excessive use and abuse of drugs and stimulants.

A physician's advice is always better than a doctor's drugs or avaricious fees.

The former, if obeyed, would wholly prevent the latter.

When physicians prevent their own nervous and mental diseases, then their most intellectual patients will "live long and prosper" by following their example.

XL.

Masked Epilepsy.

By W. M. BUTLER, A. M., M. D., Brooklyn, N. Y.

No disease of the nervous system is more dreaded, by patient and physician than epilepsy. It is no wonder that its victims, writhing in the contortions of an attack of grand mal, were said to be possessed of the

devil, by those who believed, in early times, in the actual presence upon earth of his satanic majesty.

Many a physician in later days, when battling with the disease, has felt that he could as easily exorcise the devil as effect a cure. Yet frightful as are the manifestations of this form of the disease. and obstinate as it is in yielding to treatment, it is less destructive in its effects upon the mind, than the apparently less serious petit mal. Its slight attacks of momentary unconsciousness are often unnoticed by friends, and considered of little importance by the patient, until the unmistakable signs of dementia cause them to consult a specialist, who, to their surprise, declares that for years epilepsy has been slowly destroying the mental fabric. Many a man has been thought to be the subject of slight attacks of vertigo, until past hope of cure.

The form of epilepsy which we are considering, termed masked epilepsy, is chiefly or entirely manifested by the mental symptoms. No form of disease is so utterly destructive of the moral nature. Many afflicted by this malady, pose as the most abandoned criminals, who are, in fact, utterly irresponsible for the crimes which have rendered them odious to their fellows. Whenever any particularly purposeless and atrocious crime is committed it is no more than justice that the past history of the criminal should be carefully studied from a medical as well as a legal standpoint, that in our zeal to punish we may not do injustice to those who have been rendered irresponsible by disease. The dangerous character of these cases renders it of the highest importance that every physician should be familiar with their symptoms, as thus many a heinous crime might be prevented.

At present the majority of these cases are not recognized until they are brought to notice in the courts.

Although impelled by no marked delusions, these cases all show a deficiency in their mental and moral faculties. As a rule the head is misshapen, the forehead narrow, with a backward slope, frequently with one side of the head more prominent than the other, and one ear higher than its fellow, while the marked development of the occipital region foretells the predominance of the animal passions; the eyes, either dull or possessed of a treacherous expression, are frequently placed close together. These signs, together with a certain stolidity of the face, and a lack of flexibility in the facial muscles, give to the patient an appearance in marked contrast with that presented by the possessor of a healthy brain.

The greatest contrast, however, is found in the mental characteristics. Sly, cunning, and treacherous, entirely bound up in self, regardless of the rights of others, the slightest offense is zealously harbored until an opportunity is offered for wreaking vengeance upon the object of their hatred. Unable to apply themselves with sufficient energy to master any trade or profession, they drift from one position to another, useless to themselves or others, a burden upon those to whom they are connected. Utterly insensible to kindness, they can only be held in subjection by wholesome fear. From the shrewdness manifested in carrying out their malicious designs, one might infer the possession of a normal amount of mental acumen, but any undertaking requiring continuous close intellect-

ual effort soon reveals the existence of a greater or less degree of dementia. Most consummate liars, no reliance can be placed upon them, in vice alone are they apt pupils. In nearly every asylum we find some of these unfortunates, who are invariably the pests of their associates, and a constant source of trouble to those in authority. Any family or community is to be pitied, in which one of them dwells unrestrained.

Many of these cases have been pronounced by physicians and courts simply wicked, but a careful study in every instance will reveal a marked deficiency in their intellectual faculties. Many suffer from undetected attacks of nocturnal epilepsy, others from the petit mal in a light form, and others simply from epileptic vertigo; but in all, sooner or later, unmistakable epilepsy appears.

Speaking of this disease, Morel says: "The epileptic neurosis may "exist for a considerable period in an undeveloped or masked form, show-"ing itself, not by convulsions, but by periodic attacks of mania, or by "manifestations of extreme moral perversion, which are apt to be thought "willful viciousness. But they are not; no moral influence will touch "them; they depend upon a morbid physical condition which can only "have a physical cure; and they get their explanation, and, indeed, justi-"fication, afterwards when actual epilepsy occurs."

Maudsley, p. 233 of his *Responsibility in Mental Disease*, says: "Lastly, let me note that epileptic insanity, manifesting itself chiefly by "irritability, suspicion, moroseness and perversion of character, with peri-"odical exacerbations of excitement, in which vicious or criminal acts are "perpetrated, showing itself, in fact, in a profound moral or affective "derangement, may occur periodically, from time to time, for months or "even years before distinct epileptic fits declare themselves; these at last "making their appearance and supplying the interpretation of the previ-"ously obscure attacks of recurrent derangement."

Dr. Sankey cites a case with manifested symptoms of mental obliquity for ten years before the development of the epilepsy. A case of this kind came under our notice a few days since. This patient, a young man seventeen years of age, of good, respectable parents, seemed like other children until nine years of age, when he received a blow on the side of the head which rendered him unconscious. From that time a marked mental change commenced, which has apparently completely destroyed his moral nature. At school he was utterly incorrigible, and no teacher was able to control him or induce him to acquire any knowledge. In vice alone has he proven himself an apt pupil. Utterly regardless of the truth and of the rights of others, he is now a confirmed thief. In despair his father sent him for thirty days to the penitentiary, as a vagrant, but he came out unimproved. When reprimanded by his father, he has often disappeared for weeks, and at one time for three months led the life of a tramp.

Utterly unable to remain in any situation which is obtained for him, he leads a life of idleness. Addicted to the use of tobacco and liquor, his face has already become familiar to the police justices, who out of regard for his father, have thus far treated him leniently. At home he is a tyrant over his younger brothers and sisters, and regardful only of his

father's commands, he makes himself obnoxious to all. With a ravenous appetite he is content when this is appeased, but is as well satisfied with a cold potato as the most dainty morsel.

When repremanded or punished, he makes fair promises but to break them. A man in stature, his receding forehead, excessive development of the occipital region, dull eye and stolid facial expression reveal his weakened intellect. When questioned, although able to answer intelligibly his weakness of memory and utter indifference to the feelings of his family, and the results of his conduct clearly revealed the dementia pictured in his general appearance. Although never known to have had convulsions, he has suffered from attacks of vertigo, so severe that at times he has been obliged to seek support to prevent his falling.

He has also been greatly troubled by enuresis and having slept alone and never been watched at night it is not improbable that he may have had nocturnal paroxysms thus far undiscovered. At times, when addressed his father says he has seemed to not understand what was said.

The symptoms cited, together with the general appearance of the patient, would suggest to anyone, acquainted with the disease, a suspicion of the existance of masked epilepsy, which in time will probably appear as fully developed epilepsy.

Of the difficulty of diagnosticating this disease, Wharton and Stillé say in their *Medical Jurisprudence*, article 473: "Obscure epilepsy, as to "the existance of which there can be no doubt, since the explorations of "Morel, may be confined in its symptoms to dimly periodic epileptoid con-"ditions, to twitching of particular muscles, to occasional fixity of the eyes, "temporary stiffening or stoppage of the organs of speech and to parenthet-"ical loss of memory, vertigo epileptica. It is maintained still further by "this acute observer, and this with the concurrence of Liman, an author "whose conservative tendencies in this respect we have already noticed, "that these periodic attacks may exhibit themselves exclusively in mental "disturbance, in extraordinary excitability, in impulses to homicide and "suicide, in sudden losses of memory, ultimately, though perhaps not till "a long process culminating in epilepsy proper."

While we recognize the difficulty in making a positive diagnosis, in all of these cases, in the early stages we think that if the physician will bear in mind the characteristics that we have presented, few will so mislead him as to their nature, that he will fail to warn those with whom they are connected of their dangerous character.

The necessity of this knowledge, on the part of the physician, all will admit. Upon the physician's knowledge the public naturally relies for protection, not only from contagious, but all diseases liable to render their possessors dangerous to society. When this class of cases becomes more familiar they will cease to be allowed full liberty to carry out their nefarious designs, the products of their deseased organisms and the public journals will less frequently be filled with accounts of purposeless, blood-thirsty crimes.

XLI.

The Prophylactic Treatment of Uterine Diseases.

By STELLA CLARK, Binghamton, N. Y.

Much is being said and written, at the present moment, regarding ladies' dress; and while the graceful and becoming styles of dress now worn by most women, possess the great advantage of developing the beauties of a good figure and concealing the defects of a bad one, the question arises, is it conducive to health?

"For the proper performance of the functions of respiration, an entire "freedom of action should be given to the chest, and more especially is this "needed at the base of the thorax, opposite the attachment of the impor- "tant respiratory muscle, the diaphragm. The habit of constricting the "body at the waist by tight clothing confines this part as if by splints, as "the diaphragm thus fettered contracts."

As this must of necessity prevent lateral expansion, it forces the contents of the pelvis down onto the movable uterus. To this is added the weight of heavy skirts, bound tightly around the waist, and held up entirely by hips and abdominal walls, which are rendered protuberant by the compression at the waist. This downward pressure must continue for nearly fourteen or fifteen hours out of the twenty-four.

Think of such a weight falling on an organ so evenly adjusted, so delicately balanced, and so decidedly influenced by the slightest of causes, moving upward or downward with every expiration or inspiration, and do you wonder that nine out of every ten women complain and are made wretched by an unending list of aches and pains, until life becomes a burden?

This weight and pressure must of necessity impede and obstruct circulation; and what, then, is its effect on so delicate an organism? If we make an anatomical examination of the uterus, we find an organ made up of erectile tissues, masses of blood-vessels, in close connection with all the surrounding organs and tissues, no other part of the body being so fully supplied in so small a space. It will be seen that these vessels may very easily become distended or dilated in consequence of any obstruction to circulation, and because of this impeded circulation the motor nerves are more or less paralyzed, and then these vessels fill with blood, do not properly contract, or becoming distended are rendered incapable of contraction, and cannot freely return their contents to the general circulation. Hence we have congestion, and the uterus increased in weight; the law of gravity tells us at once what is the next move.

The dropping of the uterus from its normal position serves to increase the congestion already existing, by inviting an increased overflow of blood into the part, and it sinks lower and lower in its downward course. Following this condition must come the long list of troubles and diseases known so well to all gynæcologists.

And be the corset never so loosely worn (for who ever heard of a

woman who did not wear her clothes loose), it does, by its stiff bones and steels, tend more or less to force down the contents of the pelvis and restrict the free upward and lateral changes of position, which are necessitated by different actions and postures of the body.

Mothers fail to realize this, and insist on placing the corset, on their daughters, at the most critical age, when they are developing the most rapidly. She has no shape; is of a bigness all the way down; dresses do not fit as fashion dictates; bending over book and slate, and sitting hours after school at the piano, when she should have been exercising in open air gaining strength for to-morrow's work in the class-room, has rendered her weak, so she does not sit upright; and as high heeled boots have long been worn, and have begun there efforts at deformity, the spine is becoming curved and she is round shouldered. Clearly something must be done; it will not do to let this state of things last. But nature is allowed no chance to complete her work of development. She would not mould this bit of humanity, into so called artistic shape. And instead of strengthening the weakened muscles by healthful exercise, this girl of but twelve or thirteen years is incased and held up and shaped by a band of bones and stays. If she complains at first of discomfort, she soon becomes used to it, rather likes it; depends on the support and is heard to assert, "she could not possibly sit up straight one moment without the accustomed support," and indeed she feels so, every muscle having become so weakened by the constant pressure and lack of room for expansion. In a few years you find her with an as artistic form as you wish, if artistic means small and tapering, and lack of strength.

Another evil to help on this tide of human miseries, is the wearing of high heeled boots. Our modern women must wear a boot, which if it has not a French heel placed well toward the center of the foot, has a heel, far too high for health or comfort. This so alters the already perfect form, and throws the center of gravity forward so that the intestines instead of resting in their proper place on the pubic bone, they now fall on the uterus.

Our girls are taught that it is vulgar to have large waists, to run and exercise, to wear low heeled, broad, thick soled boots; their clothing is far to thick and warm around the waist while their legs and ankles are but thinly covered and exposed to every bit of wind or dampness. They come from school and spend hours in an over-heated room, at the piano practicing, or perhaps throw themselves down before the fire to read an exciting novel; they have no appetite and their sleep is restless and disturbed by dreams; and they feel tired and dull and stupid; and are unfit for work or study. Look at our modern young lady, she goes mincing along in narrow-soled, high-heeled boots; the daintiest of suits compressing her waist, binding her arms, impeding her movements, the skirt weighed down with rows of heavy trimming, her lungs half filled with half aerated blood, spine hot and chafed, feet and ankles cold and damp, her body languid; shivering with every blast or prostrated with every warm day.

Man will not submit to this torture. Our boys are taught to run and exercise, to practice all manner of gymnastics for developing every

muscle. They come from study to have a game of ball or cricket, and as a consequence, they eat well and sleep well. Their clothing is thick and warm, evenly distributed over the body and always loose and well supported; they wear thick stout, low-heeled boots, and step along reasonably indifferent to rain or sun, breathing in all the pure fresh air they can get, cheerful and happy and brain active and clear.

The inquiry is being made, is woman created so inferior to man? must they be denied health, comfort and happiness? for physically well, and you find their spirits accordingly light. Must *they* because *they are women* suffer untold agonies of body and mind? Is health given to man alone? No. Every one must acknowledge that to each is granted the same privileges and chances. It is because women transgress these physical laws, because they do not avail themselves of natures greatest gifts and blessings, that they are made to suffer. And yet, they are none the less womanly, or gentle, or refined, or graceful because of strong arms and legs or perfectly developed muscles, and they must be physically strong, to act well their part in life. God never intended them to be the weak, sickly, suffering creatures so many are.

Could the physician but make his patients realize that proper dressing, the wearing of skirts of as little weight as possible and these well suspended from loose waists, and when I say loose, I mean *so loose that no red marks* are made on *the skin*; low-heels and systematic exercise developing all muscles and plenty of pure, fresh air, made this great difference; he would not be called on so many times each day to prescribe for the nervous, low-spirited woman, complaining of headaches and backaches and an untold list of aches and pains, and we would have happier homes and stronger, healthier, better wives and daughters.

XLII.

Cholera Infantum.

By A. J. CLARK, M. D., Binghamton, N. Y.

Some one has well said that "the child may be compared to a young and "tender plant. Its sympathies and its susceptibilities are so marked and "characteristic that we should not lose sight of them in our treatment of "the little patient. The harmful contingencies that threaten its welfare "must be anticipated and averted. We must comprehend the liability to "disease through its physiological peculiarities and susceptibilities."

The delicate organization of the mucous membrane of the alimentary canal, in infancy, is the chief cause of the various forms of apthous inflammation. These affections are invariably connected with a depraved nutrition. The inflammation may invade the entire digestive tract, or it may be limited. Not unfrequently it attacks successively different portions, from the mouth to the anus. The sensory filaments are delicate

and extremely susceptible to the action of excitants. This renders the mucous surface with which almost every species of irritant is brought into contact, the principal media for the operation of disease producing causes in the young infant. For this reason most infantile diseases are of a concentric origin.

The causes operate upon, and from the peripheral nerves, or those of general sensibility to produce the most perplexing and persistent results. The contact with this mucous surface, of acrid, irritating, indigestable substances, may induce colic, constipation, diarrhœa, dysentery, cholera infantum, or convulsions.

This delicate susceptibility of the integument stands sentinel over the child's safety, and should not be disregarded.

Beside the delicate texture of the alimentary mucous membrane, and the multifarious influences to which it is subjected in performing the work of digestion, dentition is a contingent that increases its liability to disease.

Attacks of gastro-enteritis are frequently referable to this indirect source of mischief. Cholera infantum is sure to involve this mucous membrane. The nervous system becomes thereby extremely susceptible to causes that are calculated to derange the process of nutrition. The intestinal follicles are being rapidly developed and readily take on diseased action. The exciting causes are found in the heated, impure, or stagnant atmosphere, of the summer, a sudden check of perspiration, or the ill results of indigestible, insufficient or unwholesome food.

In the successful treatment of this affection all these contingencies and peculiarities must be taken into account. No department of general practice is more difficult, and yet, perhaps, none more satisfactory to the earnest, laborious physician. In no other way are more lives sacrificed to ignorance, than by inattention and want of knowledge of these physiological minutiæ.

We may divide cholera infantum into three stages. In the first, the symptoms indicate some derangement of the digestive functions, but more especially of innervation, as shown by increased sensibility and excitability. I am inclined to the belief, that a distinguishing feature of this innervation pertains to the circulatory system. At no subsequent age is the vascularity of the integument, the mucous membrane, and the parenchyma of the different visera so marked and so liable to derangement. Local congestions at this period of the child-life are of frequent occurrence. The most trifling causes may impress the reflex nervous system, as applied to the circulatory apparatus in such a manner as to induce an undue determination of blood to the brain, the lungs, or the bowels. Hence the relative frequency of inflammation; and hence, also, an explanation of the superior efficacy of Aconite and Belladonna in this stage of the disease. In ninety-nine cases out of a hundred a few doses of Acon. or Bell., as they may be indicated, at this time, with proper hygienic regulations, will relieve the whole trouble. Did parents understand how important is medical aid at this time, thousands of children would be saved from falling victims to this fearful scourge.

In the *second stage* the alimentary symptoms are more prominent. Gastric disturbance, vomiting, painful colic, and a troublesome diarrhœa

ensues. And here, before cerebral complications manifest themselves, we find the disease amenable to homœopathic treatment.

But the third stage presents the most alarming condition. Brain symptoms now become so prominent that we are compelled to regard the condition of the bowels as of minor importance. And it is a lamentable fact that but few cases fall into the hands of the physician until they have reached this stage.

As this class of cases have been among the most trying in my professional experience, I have given much study, to try to discover the true pathological condition so as to intelligently combat the disease.

To this class of symptoms, therefore, I desire particularly to direct attention. In most cases of the disease we find that with the amelioration of symptoms proper to the second, and the advent of the third stage, there occurs a derangement of the urinary function.

The urine becomes scanty in amount, and is more thick and turbid than is natural. Its specific gravity is increased. There may, or there may not be stranguary. This partial suppression of the urinary flow is difficult to account for, as there are copious watery stools, and profuse and constant perspiration. The rapid evaporation of perspiration from exposed surfaces leave them cool and clammy. The hands and arms are thrown wildly about, and the feet also become cool and cadaverous, and in some cases there is the most intense thirst.

In the majority of cases we find in these symptoms—the relative degree of urinary and of perspiratory, as well as calorific derangement a pretty clear diagnosis of the gravity of the attack, and the danger to be apprehended from cerebral complications which carry off so many thousands of children annually. Hence their prognostic value, and hence, also, the necessity for knowing their pathological and therapeutical significance.

Whether we accept, or not, the theory that the primary stage in this disease is due to some lesion of the brain, it would appear that the exciting cause or causes of *cholera infantum* must operate through the nerve centers. For this reason the cerebral spinal system, which is most vulnerable in the young, is implicated at an early stage in the disease. This early and decided implication renders it peculiarly susceptible to morbid contingencies. Among these contingencies is the retention of urea in the blood. Its now elimination is seen in the scanty flow of urine, as well as in the profuse perspiration which is the outlet for the aqueous, but not for the organic elements of the urine.

There may be no structural lesion of the kidneys, but there may be dynamic and intangible causes at work to derange the renal functions.

Let us take the case of a child eight or ten months old, which has been ill for some time with a deranged stomach and a wasting diarrhœa. The little organism is weakened and prostrated, the vital energies exhausted by the excessive alimentary secretions, and nervous and muscular wear and tear. The atmosphere is impure, the heat and discomfort of the season intense and intolerable, and the symptoms correspondingly serious. There is languor and debility. The skin is cool and clammy, and at the same time loose and flabby, excepting upon the forehead, where it is tense

and shining; the eyes are hollow, and have an unnatural expression; the stools are less frequent than they have been; the vomiting is somewhat relieved; the urine is partially or almost wholly suppressed, and the child restless and sleepless.

Here is a favorable condition for zymotic complications. The uremic poison is carried in the blood to the nerve centers of the brain, the spinal cord, and the ganglia of the great sympathetic. The symptoms which result are closely akin to those of the collapsed stage of Asiatic cholera. And the reason is apparent. The specific cause of epidemic cholera impresses the nerve centers in a similar manner to that which produces cholera infantum. But the eliminating process carried on by the kidneys is suppressed at an earlier period, and clonic crampings are the result. The cramps give place to collapse, and the victim of a fearful scourge dies in the same manner as the infant which is sacrificed to a more familiar, but scarcely less fatal disease of the same type. Many cases recover during the first and second stages without the development of brain symptoms. But there are many more in which the symptoms which we have to combat are referable to uremic intoxication. These symptoms claim our careful attention. I have treated a case for several days and left it convalescent, as I suppose, and after a few days been called again to find that the child had been taken suddenly worse, and that brain symptoms of an alarming character had developed almost without warning, and I felt that I needed to comprehend their cause and significance. It would be folly to talk of metastasis and all that sort of thing. It has no application here and should not be employed. It will not satisfy the intelligent parent or physician. There must be some adequate cause, some valid reason for this change in the character and gravity of the symptoms.

When a fatal termination impends, the symptoms bear a close resemblance to a spurious form of hydrocephalus, termed by many medical authors hydrocephaloid. There are reasons for believing these diseases identical. West does not recognize cholera infantum as a disease in Europe, but says: "The hydrocephaloid affection is prone to supervene upon infantile diarrhœa, pneumonia, and cerebral congestion."

And then this view finds confirmation in the result of some of our most appropriate remedies for symptoms common to this stage of the disease. Such as Apis, Cantharis, Helleborus and Arsenicum; and secondly, Belladonna, Bryonia, and Hyoscyamus. Remedies that seem most appropriate to derangements in sympathy and function between the cerebro-spinal centers and the genito-urinary apparatus. These remedies may not have cured a well developed case of hydrocephalus, but they have been of inestimable service in the spurious form of that disease. And this result has been attained, not by virtue of any mere diuretic property, but through a specific curative relation to the tissues and functions which have been implicated.

The key-note for Cantharis or Apis has been recognized in a troublesome stranguary or a marked suppression of urinary flow. These remedies have been given and good results have followed. Other organs, as the brain, spinal cord and tissues of the serus and mucous membranes

which have been involved in the diseased action are relieved of embarrassment and the symptoms of evil omen are made to vanish.

I will close this paper with the following quotations: Dr. Thomas Moor in an article on *Diatetics* of infants says: "The state of the sys-"tem previous to the indications of disease has a decided influence upon "the course, severity and danger of every case of sickness. And it is "the great object of hygienic science to teach how to preserve a healthy "integrity of life force in order that the vital energy may thus be able to "resist the influence of disease producing causes. The principal means "of effecting this object is proper nutrition of the body."

Prof. Guernsey on the subject of cholera infantum says: "The first "symptom, is in almost all cases, a diarrhœa. Would that the import-"ance of this one fact could be indelibly impressed upon the mind of every "man, woman, mother, nurse and physician. In all times of the epidemic, "or even when the season of the year, or state of the weather, or the "locality is favorable to the development of this disease, let the appear-"ance of a diarrhœa, no matter how slight, be a note of warning *that the "dread invader is en route and that a violent onslaught is liable at any "moment.* Never, at such times, let this premonition be neglected or "trifled with. Seek to cure it at once by removing the cause, if any can "be discovered, and by administering the proper homœopathic remedy. "Many and many a case has terminated fatally because the incipient diar-"rhœa was regarded lightly, as an affair of trivial importance, that would "soon pass away of itself if let alone, or if treated with some domestic "remedy, which proved alas wholly inefficacious."

In my own experience I have found that the majority of fatal cases terminating in hydrocephaloid have been of a scorbutic or scrofulous diathesis.

XLIII.

Two Cases of Vascular Growth Cured by Remedies.

By CHAS. DEADY, M. D., O. et A. Ch., Resident Surgeon, New York Ophthalmic Hospital.

May 27, 1881, Mrs. F. came to me for advice and treatment for her child, relating the following history:—

When the infant was born it was at once noticed that a growth was present over the left eye. The upper lid was dark red, and this appearance extended somewhat upon the forehead. No attention was paid to the fact at that time, but as the color deepened and the boundaries enlarged with the growth of the child, the parents became alarmed and consulted several physicians of the old school; but as they all advised operation, and as the parents were unwilling to submit, the child was brought to me to ascertain if homœopathy offered any less disagreeable method of relief.

The patient, a male child of two years, presented the following objective symptoms: The upper lid is completely covered by a dark purplish-red growth, which extends for some distance upon the forehead above, and encroaches upon the left temple. The surface is slightly raised above the surrounding integument, and appears to be covered with a network of excessively fine capillary vessels. As a result of the proliferation of tissue, the upper lid droops and it is impossible for the patient to raise it sufficiently to expose the whole of the pupil. When the child bends the head downward, or becomes excited, as in crying, the growth deepens in color and the surrounding healthy surface becomes very red for some distance.

I diagnosed superficial capillary nævus, and at first proposed electrolysis, but was informed that if there was any chance of benefit by internal medication, it would be much more satisfactory to the parties concerned.

From the fact that the venous element predominated in the growth, I determined to give Carbo. Veg. a trial, more especially as I had seen it recommended as a remedy likely to be useful in nævus.

I accordingly gave the mother a supply of the drug in the third trituration, with directions to give a powder three times a day, and to report in two weeks.

I did not see the case again until June 22, nearly a month after the first visit, when the mother reported that the growth had appeared to be ess affected by excitement; and as she seemed to have some reason for encouragement, I did not change the remedy.

I saw the case at intervals of a month or six weeks for nearly a year, and in that time the progress was so favorable that the same remedy was continued, the potency being changed occasionally. During the latter part of 1882 the child was so far recovered that I only saw him once or twice, having supplied the remedy in quantity. The last time I saw the patient was in the spring of the present year, when the growth had almost entirely cleared up, only a slight flush of the parts remaining, hardly noticeable to the casual observer. The eyelid had regained its normal appearance, and could be opened to its fullest extent. The parents regarded the case as cured, and accordingly ceased their visits.

On January 12, 1882, Miss Ella R., æt. 23, presented herself for treatment at the clinic of the New York Ophthalmic Hospital.

Two years before, she had first noticed a very small, circumscribed swelling in the right cheek, just below the lower border of the orbit. At first it occasioned no annoyance, but steadily increased in size, and after a time the integument covering it assumed a bluish tint. She now began to notice that the size and color of the tumor was influenced by anything producing congestion of the head, the growth at such times being much larger and of a dark blue-color. She had been treated by old school physicians without result. I found a bluish, circumscribed elevation about the size of a grape, which could be entirely emptied by pressure, and which increased to the size of a small plum upon bending the head forward for a short time. There was no pulsation or bruit, and the patient complained of no pain.

The diagnosis of vascular tumor was made, and having the case of

nævus in mind, I put her upon Carbo. Veg.[3], which she took for one month with no perceptible effect.

There being no special guiding symptoms in the case, she was put upon Phos.[3] upon the general indications of build, complexion and temperament. In a few weeks the tumor appeared to decrease in size, and the remedy has been continued to the present time with the most favorable result. The patient was last seen about six weeks ago, when the growth had almost entirely disappeared, the integument having resumed its normal color, and only a very slight swelling was observable after bending the head forward for a considerable time. It may be claimed that these cases were instances of spontaneous recovery, but the fact that both of them were steadily growing worse up to the time when the treatment began, would seem to indicate that drug action was in some measure responsible for the results obtained.

XLIV.

Report of a Case of Descemetitis.

By A. B. NORTON, M. D., O. et A. Chir., New York.

This paper is not presented as containing new features in the literature of this comparatively rare disease of the eye, but merely as a contribution to the record of cases under homœopathic treatment.

As I find so much confusion among our authorities regarding iritis serosa and Descemetitis, I beg your indulgence for a few moments for digressing from the case in hand, while I review in brief the chief differentiating points of the two diseases. Both are of quite rare occurrence, especially Descemetitis. Either disease may be associated with the other:—

Iritis.	*Descemetitis.*
1. Usually follows upon some intraocular inflammation.	1. More apt to occur alone.
2. Hypersecretion of aqueous humor, which is cloudy.	2. Hypersecretion of aqueous humor, very slight, with little if any cloudiness.
3. Deposits of lymph on the posterior surface of the cornea, taking a pyramidal shape with the base at the periphery, changing with the position of the head, due to gravity.	3. Punctate spots on the posterior surface of the cornea, which do not take a triangular shape, do not change position on movement of the head, but are permanent and more often at the center of the cornea over the pupil.
4. Anterior chamber deeper.	4. Anterior chamber normal.

5. Iris somewhat discolored.	5. No discoloration of iris.
6. Tension liable to be slightly increased.	6. Tension is not increased.
7. Slight photophobia, pain, lachrymation and injection.	7. Usually less pain, photophobia, lachrymation, and injection.

In iritis serosa Von Wecker (*Graefe-Soemisch's Hand-Buch, Band IV.*, 490), says that "the inflammatory product exudes in the form of a "serous fluid, from which the coagulable elements are precipitated and form "a granular and mostly punctated coating on the anterior surface of the "anterior chamber." Max Knies (*Archives of Ophthalmology, Vol. IX., p.* 136), speaking of iritis serosa, says: "A single glance at our "preparations shows that at least the majority of the elements originate "in the iris, and, at all events, exude from its anterior surface into the "anterior chamber." Further on he continues: "The condition of the en-"dothelium of Descemet's membrane is of great interest, while authors "have previously been accustomed to ascribe to this layer a more or less "active role in the formation of the patches, I must emphasize its pure "passivity in this process." While Norton (*Transactions of the American Institute of Homœopathy*, 1877, p. 596) says: "In Descemetitis the "inflammatory process is confined chiefly to the posterior elastic lamina "of the cornea and its epithelial covering." Further on he says the de-posits "are due to changes in the epithelium of the membrane of Des-"cemet," and again: "Soon the membrane of descemet itself becomes "implicated, and later the posterior layers of the porenchyma of the "cornea." Noyes (*A Treatise on the Diseases of the Eye*, p. 192) says under Descemitis: "The epithelium of the posterior elastic lamina proliferates and causes the minute pigmentary and opaque specks."

Mrs. C. S., æt. 31, came under my care December 14, 1882, complaining that for the past four weeks she had noticed that her sight was becoming gradually dimmer; has had no pain, and no inflammation of the eyes.

Status præsens, right eye. She counts fingers at ten feet; no improvement with glasses. At the outer and lower portion of the cornea is an old macula. The posterior surface of the cornea is nearly covered with whitish punctate spots about the size of a pin head; these spots are isolated towards the periphery, but over the pupil are somewhat coalesced, forming lines and spots of larger size. There is too much haziness of the cornea to recognize the fundus. *Left eye;* V.=$\frac{20}{70}$, Hm.=$\frac{1}{30}$, V.=$\frac{20}{70}$. The posterior surface of the cornea presents punctate spots of less size than those of the right eye; these are especially noticed over the lower half of the cornea.

Ophthalmoscopic examination reveals nothing abnormal in the fundus. Iris reacts promptly in both eyes to light and atropia. Opacities of the cornea are not pyramidal, and do not change position on movement of the head. The eyes appear irritable, as if strained from overwork. The conjunctiva is slightly hyperæmic, and although there is no distinct pain, she says there is an uncomfortable feeling in the eyes. There are hard, glandular swellings of the neck, and a general scrofulous tendency; tonsils are enlarged. ℞ Hepar.

December 28.—About the same; vision of right eye a trifle better; general health improved. Repeat.

January 12, 1883.—*Right eye* counts fingers at twelve feet. *Left eye*, V.=$\frac{20}{50}$ diff. She has some cough and expectoration. Kali Bich. was now given on account of the cough and its clinical indications in this disease.

February 4.—The vision is steadily improving. Rv.=$\frac{20}{200}$, Lv.=$\frac{20}{50}$.

February 24.—The improvement has been continuous. Rv.=$\frac{20}{70}$ diff., Lv. $\frac{20}{30}$ diff. The punctate spots in the posterior layers of the cornea are becoming much thinner and have lost a great deal of the grayish-white appearance. Repeat Kali Bich.

April 5.—The irritation has been steadily subsiding and the cornea clearing. Rv.=$\frac{20}{30}$ diff., Lv.=$\frac{20}{20}$. O. D. Hm.=$\frac{1}{30}$ V.=$\frac{20}{30}$. O. S. Hm.=$\frac{1}{30}$ V.=$\frac{20}{20}$.

It is now impossible to detect any of the punctate spots of the cornea. Ophthalmoscope shows some atrophy of the choroid at the periphery of the fundus of the right eye.

Remarks.—I would like to call attention to the fact that during the entire treatment of this case, there was no involvement of the iris, and atropia was only used once, at the first examination. Again, there was at no time any marked pericorneal injection, the inflammation being of a sub-acute variety. The improvement of the patient was continuous and fast after the Bichromate of Potash was commenced, which, with hygienic and dietetic measures, comprised the whole of the treatment. There were no relapses, as are only too liable to occur in this disease, and the results, especially in the right eye, were more favorable than could be expected from the amount of exudation.

XLV.

Clinical Cases.

By A. B. Norton, M. D., O. et A. Chir., New York.

CASE I.

Neuro-Retinitis O. N.—Mr. W. C., æt. 30. Massachusetts. Came to me July 17th, 1882, complaining of his eyes. Six months previously he had first noticed after exposure of several hours to the bright glare of the sun on the snow that his eyes were much inflamed, and the sight poor. Since then, they have been more or less inflamed with at times attacks of severe pain in the eyes, which always aggravated the inflammation. He had been under treatment for the past six months with his family physician who had used local applications for the relief of the external inflammation. Examination showed congestion of both ocular and palpebral conjunctiva. Much lachrymation and photophobia, with a sharp pain every now and then through the upper part of the eyeball, greatly aggravated by sunlight,

so much so that he was compelled to stay in a dark room, or to have the eyes well protected from the bright light. Pupils sluggish. Rv $=\frac{20}{50}$, Lv.$=\frac{20}{40}$ dif. O. D. Hm.$=\frac{1}{42}$, V.$=\frac{20}{40}$ O. S. Hm.$=\frac{1}{42}$, V.$=\frac{20}{40}$, ophthalmoscopic examination showed the retinal veins enlarged and tortuous; arteries somewhat diminished in calibre; optic disk of a reddish-gray tint and its outlines indistinct: retina around the nerve hazy. ℞ Duboisia.[3]

July 25th.—Eyes have been steadily improving. The pain was relieved after the first day. Rv.$=\frac{20}{30}$ dif., Lv.$=\frac{20}{30}$. Conjunctival congestion, has disappeared. No lachrymation or photophobia. Retinal vessels nearly normal and outlines of the disk more distinct. Prescribed Duboisia[30] and allowed him to return to his home.

August 3d.—Returned to-day having been on a protracted spree. He had taken a hard cold and eyes were feeling much worse than when first seen. Rv$=\frac{20}{50}$ dif., Lv.$=\frac{20}{40}$. The pain now is very sharp and shooting in character extending back into the head and radiating over the side of the face. ℞ Spigelia[200].

August 4th.—Much less pain. *Repeat.*

August 10.—Improving. The fundus looks somewhat better Rv. $=\frac{20}{30}$ Lv. $=\frac{20}{40}$. *Continue.*

August 16.—Was compelled to return home on the 10th and two days afterwards he was again attacked with severe pain, inflammation, &c. V. $=\frac{20}{50}$ O. N. ℞ Spig.[1]

August 17th, V. $=\frac{20}{40}$ O. N.
18th, Rv. $=\frac{20}{30}$ dif., Lv.$=\frac{20}{40}$.
21th, Rv. $=\frac{20}{30}$, Lv. $=\frac{20}{30}$ dif.
25th, V. $=\frac{20}{30}$ O. N. ℞ Duboisia.[3]

September 4th, V. $=\frac{20}{40}$ dif. O. N. ℞ Spig.[3]
6th, V. $=\frac{20}{30}$ dif. O. N.
14th, V. $=\frac{20}{30}$ O. N.
23d, Rv. $=\frac{20}{20}$ s. d. Lv. $=\frac{20}{20}$ dif.—[30].

October 4th, V. = s. d., O. N.
20th, V. $=\frac{20}{20}$ O. N.

November 3d, V. $\frac{20}{20}$ O. N., Hm. $=\frac{1}{40}$, V. $=\frac{20}{20}$.

Requires convex 36 for near vision. At this time all the symptoms had disappeared and the fundus appeared normal. ℞ Repeat. Convex 36 N. V.

January 28th, 1883.—For the past ten days the eyes have been feeling weak, with a bland lachrymation and nasal discharge, V.$=\frac{20}{20}$ O. N. Fundus normal. ℞ Euph.[1] Since this time has had no further trouble with his eyes.

This case may perhaps suggest to others the use of Spigelia in inflammatory conditions of the optic nerve and retina. In some of our works on materia medica I find retinitis as a symptom of Spigelia, although it is not frequently used, or have I known of its proving curative. Duboisia on the other hand is known to have been curative in many cases of inflammations of the optic-nerve and retina, and during its provings it has caused such an excessive congestion of the retinal vessels that the provings have been stopped from fear of rupture and hæmorrhage into the retina.

CASE II.

Emphysema of the Eyelids from Rupture of the Lachrymal sac.—John H., expressman, came to my office July 25, 1883, immediately after being struck in the left eye. Examination showed ecchymosis of both lids, and a slight cut through the integument just above the palpebral arch. The lower lid was much swollen and puffed out. This swelling, he reports, appeared suddenly after the injury while blowing the nose; it was tense, elastic, and with distinct crepitation on pressure. On continued pressure the swelling of the lower lid would disappear and pass around to the upper lid. The swelling was evidently due to the admission of air into the areolar tissue from a rupture of the lachrymal sac by the force of the blow, as on continued pressure on both lids the swelling could be made to entirely disappear, but would return again on blowing the nose. Emphysema of the eyelids may occur from fracture of either the nasal or ethmoidal bones, but in this case no injury of either could be determined.

Treatment.—After pressing out all the air from both lids and cautioning him not to blow the nose, was simply the use of a solution of Arnica tincture locally, and Arnica[3] internally. Frequently in these cases the use of a compress bandage is advisable, although in this case I did not think it necessary.

CASE III.

Simple Myopic Astigmatism.—Miss B., æt. 22, Franklin Park, N. J., was troubled with occasional sharp pains through the eyes, noticed especially after using them. Indistinctness of vision after reading for fifteen minutes; slight scratching sensation in the eyes and agglutination in the morning, due to a chronic catarrhal conjunctivitis.

Rv.$=\frac{20}{20}$ s. d.; Lv.$=\frac{20}{30}$ dif.

O. D.$-\frac{1}{72}$° ax. horizontal V.$=\frac{20}{20}$.

O. S.$-\frac{1}{72}$° ax. 170° V.$=\frac{20}{20}$.

This glass she has worn constantly for the past eight months, with a complete relief of all the symptoms.

CASE IV.

Mixed Astigmatism.—Miss D., æt. 21, dressmaker, New York city, came to the clinic of Dr. T. F. Allen, October 23, 1882, complaining of trouble with her eyes for the past two years. On using them for but a few moments they soon have a tired, strained feeling, with occasional sharp pains extending back into the head. She has also suffered almost daily for some months with dull, heavy, frontal headaches. The eyes have a weak, irritable look, both ocular and palpebral conjunctiva being much congested. V.$=\frac{20}{50}$ O. N. Hm.$=\frac{1}{42}$V.$=\frac{20}{50}$ O. N. ℞ Atropia.

November 7.—Accommodation but partially paralyzed. V.$=\frac{20}{40}$ O. N. O. D.$+\frac{1}{60}$° ax. 82½° V.$=\frac{20}{20}$ dif. O. S.$+\frac{1}{60}$° ax. 97° V.$=\frac{20}{20}$ dif., with stenopic slit in the opposite meridian find a myopia of $\frac{1}{60}$. ℞ Atropia.

November 14.—Accommodation totally paralyzed. V.$=\frac{20}{30}$ O. N.

O. D. $+\frac{1}{72}$ ° ax. vertical $<-\frac{1}{72}$ ° ax. horizontal V.$=\frac{20}{20}$. O. S. $+\frac{1}{72}$ ax. vertical $<-\frac{1}{72}$ ° ax. horizontal V.$=\frac{20}{20}$.

After allowing the effects of the Atropia to wear off, the last test was verified and the above glass prescribed for constant use.

Up to the present time, nearly one year, she has had no more of the old headaches or the eye symptoms.

My only object in reporting these last two cases (which could be multiplied over and over again by any oculist) is to illustrate to a slight extent what relief can be given to many of the cases of obstinate headache and annoying eye symptoms, by the correct selection of the proper glass.

XLVI.

A Case of Gonorrhœal Ophthalmia.

By GEO. S. NORTON, M. D., New York.

The following case of gonorrhœal ophthalmia recently under my care was one of considerable interest, and seems to be deserving of notice here.

C. F., male, æt. twenty-two, was sent to my clinic at New York Ophthalmic Hospital, July 23, 1883. Two weeks previously, while suffering from an attack of gonorrhœa, his right eye became inoculated with the discharge, creating a severe inflammation, which had steadily grown worse. Upon examination the lids were found to be considerably swollen. The chemosis was excessive, so that the swollen conjunctiva protruded between the lids, preventing their closure. The periphery of the cornea could not be seen on account of the chemosis, but the center appeared perfectly clear. The discharge was moderately profuse. He was at once put to bed, the left eye covered with a watch crystal, and hermetically sealed, iced cloths applied to the right eye, and a solution of Argentum Nitr.[1] used locally, while the third was given internally.

July 24th.—His condition was about the same, except that ulceration of the cornea had commenced. Ice was continued, and Rhus Tox.[1] and Hepar Sulp.[1] given in alternation.

July 28th.—The discharge was somewhat less, but the whole cornea now seemed to be sloughing. The excessive chemosis still continued. Has had hardly any pain. As there was a tendency to perforation of cornea at the periphery, *Eserine* $\frac{1}{200}$ was instilled, and Calc. Hypophos.[1] given internally.

August 1st.—There has been decided improvement under the Calcarea. The ulceration was checked, although a small perforation had taken place above, the cornea was clearer, and the chemosis much less. Continued treatment.

August 15th.—The improvement has steadily continued until to-day, when the cornea was found clear, with the exception of a macula at upper portion. The redness was very moderate, no chemosis, and no discharge. A posterior synechia had formed, which could not be torn with Atropine. His vision was fair. He was soon allowed to return to his home in Connecticut, and has remained well to present time.

Remarks.—Chemosis is a common symptom in all forms of purulent ophthalmia, but in this case it was more marked than I have ever before observed in similar forms of inflammation. Its high degree was no doubt due to improper treatment for so long a time (two weeks). This use of ice was beneficial, and proved to be very soothing to patient, but it should have been employed earlier in the disease to have obtained its full effects. The rapid improvement observed under the use of Calcarea Hypophos. is important in the history of this case. Just before giving this remedy it seemed almost certain that the whole cornea would slough, and I had very little doubt but that such would be the result. The change, however, that took place immediately after its administration was remarkable, and would serve to indicate that the lime had, at least, some influence in producing this change.

XLVII.

The Care of the Eyes of Lying-in Females.

By W. P. FOWLER, M. D., Rochester, N. Y.

The importance of caring for the eyes of lying-in females has been very forcibly impressed upon me, for I have been frequently consulted by ladies in reference to ocular troubles that dated from their last confinement, and have reason to believe that in many of these cases the difficulty could have been avoided by the enforcement of simple measures after delivery. Unfortunately the weakened condition of the eye that follows the parturient process is not generally recognized, and little, if any, attention is paid to it. In looking over the various text-books on obstetrics, I have noticed that while an abundance of advice is given concerning eye troubles that are liable to occur during pregnancy, almost nothing is offered regarding those that may arise soon after the birth of the child.

Every labor, even though easy and natural, leaves the eyes in a weakened and irritable condition, and it requires only a slight provocation to bring on actual disease. There is:—

First.—Hyperæsthesia of the whole eye.

Second.—Loss of accommodative power.

Hyperæsthesia of the Eye.—Every physician has probably noticed that those in child-bed complain of sensitiveness of the eyes to touch, of pain on moving them, and of light being disagreeable. Especially marked is

the last symptom, showing the extreme sensitiveness of the retina. Sparks, and flashes of light are also complained of at times.

Loss of Accommodative Power.—The agitation of labor is followed by a feeling of depression and lassitude. It is a period in which the muscular system is relaxed and in repose; and of all the muscles, the ciliary is probably the most weakened. Says Dr. Dixon:* "A partial "paralysis, or at least a decided weakening of the accommodation, is the "rule after childbirth." Why the ciliary muscle is more affected than others is readily explained when we remember that it is situated in the anterior portion of the uveal tract, the most vascular portion of the eyeball; and when during expulsive pains the eye is intensely congested, this muscle as well as the nerves that supply it, are greatly compressed. Such pressure on tissues so delicate cannot fail to have a benumbing and weakening effect. The shock of labor also undoubtedly plays an important part in enervating this muscle. Then, in addition, there exists a wonderful sympathy between the uterus and the accommodative apparatus of the eye.

The accommodative power being so weakened, it follows that no attempt to use the eyes for close work should be allowed. The ciliary muscle does not fully recover its strength until regeneration of the uterus is complete,—some seven or eight weeks after delivery; and during this time it should rest. If it does not, long-continued and most troublesome symptoms are liable to follow. One of quite a number of these cases that have come under my care will illustrate this point.

Mrs. L., æt. thirty-two, consulted me August 2, 1877. Complained of being unable to use her eyes for sewing or reading on account of pain and blurring when she made the attempt. The trouble dated from her last confinement, five months previously. Prior to that time she had enjoyed perfect use of her eyes. Had a comparatively easy labor, but, being ambitious, she commenced to sew a little when her babe was three weeks old, though she had difficulty in "seeing the stitches," and could not work for more than ten minutes at a time. After several days' persistence in the use of her eyes, she was obliged to entirely abandon her sewing on account of pain and blurring. On examination found the eyes emmetropic; V. $= \frac{20}{20}$ for distance, but when attempting to read Snellen No. 2, there was blurring. Pupils slightly dilated.

This case was treated for four months, during which time Ruta, Conium, China, Electricity, and other remedies were used. Recovery was slow, but finally complete. China seemed to benefit more than anything else. Patient has since had another child, but no further eye trouble.

I believe that in this and other similar cases I have treated, the whole difficulty might have been avoided, and the mother have escaped a persistent and annoying affection by allowing the eyes to *rest* for seven or eight weeks after delivery.

But by far the most important precaution is to so regulate the light that it will not irritate the retina. I know from observation and from the history of cases I have treated, that neglect in this direction is very general,

* Holmes' *System of Surgery* (Henry C. Lea's Son & Co., 1881), Vol. II., p. 33.

and serious eye diseases, as well as much headache, restlessness, and general discomfort are produced by it.

After labor, the mother needs above all things, rest. This I think is acknowledged by all physicians, and they give orders accordingly. Many times, every one save the nurse, and perhaps the husband, is forbidden the room. But the eye is generally entirely forgotten and cannot rest, for the full glare of light from a window is allowed to fall upon the face, or the gas-jet is so situated that its bright rays pass unobstructedly to the over-sensitive retina. The nurse oftentimes, with more zeal than knowledge, declares that "there is nothing like sun-light in the lying-in room," and raises the window shades to their highest extent. Then again the gas is usually kept burning all night. Though turned down there is still enough light to pass through the translucent eyelids and fall upon the terminal expansion of the optic nerves. There can be no perfect, refreshing sleep in a lighted room, for the retinæ, optic nerves, and those portions of the brain from which the optic tracts spring are constantly stimulated.

So we see that just at this time, when the organs of vision are exquisitely sensitive and require repose, they are continuously irritated, excited and active. In view of all this, is it surprising that headache often comes on, that the patient is nervous and restless, and that the eyes sometimes become seriously affected? To me it seems almost marvelous that disastrous results are not more frequent. Were it not for the fact that the eye, like a fine chronometer watch, is capable of withstanding a great amount of use, and perhaps abuse, it would suffer more seriously But we must bear in mind that the eye, like the watch, when once out of repair is difficult to restore to its former perfect condition.

Now, how shall we regulate the light? For the first two or three days after labor it is best to moderately darken the room. After that time this will not be necessary, provided other precautions of which I am about to speak be taken.

The bed should be placed in such a position that the mother looks *away* from the window, not towards it, as so often occurs. If this cannot be done, a large screen placed between the patient and the window will answer, but it must be kept in position *constantly*. At night, the gas or lamp ought never to burn in the room. If a light is necessary let it be in an adjoining apartment.

These are all the measures that need be taken regarding the light. They are exceedingly simple, can be attended to in a moment, do not in any way interfere with the general management of the case, and yet greatly enhance the comfort of the mother, and prevent the occurrence of what might prove to be serious ocular affections.

I will not attempt to report in full all the cases of eye disease that have come under my care, and which I believe were largely if not wholly due to non-protection of the eyes during child-bed. For the most part they were functional disturbances of the retina—hyperæsthesia, and its opposite, anæsthesia. Complicating these cases was almost always more or less loss of accommodative power. In two instances, however, there was retinitis, and in neither of these has sight been fully restored. Pro-

fuse hæmorrhage had occurred in one of these cases, and acted as a powerful predisposing cause; but the patient lay for three weeks before I was called, facing an unshaded window, and I am convinced that this neglect had much to do in producing the disease.

Cloths wet with either cold or warm water, as seems most agreeable, and laid upon the eyes, will often allay the feeling of soreness and heat that is usually complained of. The cloths should be changed as often as they become dry.

The following remedies will also be found useful:—

Aconite.—Eyes feel *dry* and *hot*, and are generally sensitive; pain on moving the eyes; photophobia, with flickering before the eyes. *Burning* in the eyes, relieved by cold water. Often useful when the milk fever comes on—with the increased temperature there is much thirst.

Arnica.—Probably more often indicated than any other remedy, and fortunately given by physicians almost universally after labor. Eyes sore to touch; feel as though bruised, and painful when moved.

Bell.—Light produces intense pain in the *eyes* and head; *flashes of light before the eyes* especially when moving them; objects look red. Throbbing in the head and eyes.

China.—After hæmorrhage.

XLVIII.

Phlyctenular and Pustular Keratitis.

By CHARLES C. BOYLE, M. D., New York.

The frequency of these two forms of inflammation of the cornea render them of first importance to the general practitioner. They are found at all ages and in all classes, but especially in children of a scrofulous cachexia, and of the poorer classes, in whom the development of the disease is favored by improper nourishment and hygienic surroundings. In the patient you will generally find other signs of scrofula, such as eruptions on the head, face, ears and other parts of the body; but the appearance of phlyctenules or pustules are not necessarily an evidence of scrofula, as they may be caused by general debility, brought on by overwork, improper nourishment, or both together. Their appearance will be preceded a day or two by an irritable condition of the eye, generally more or less redness, pain of a stinging, piercing character, followed by the appearance of the eruption, accompanied as a rule by considerable redness of the conjunctiva surrounding the cornea, and of the lids; profuse lachrymation, photophobia and discharge; in some cases have very few objective or subjective symptoms, and in others will have only the phlyctenule or pustule, with intense photophobia and no redness. The photophobia is due to the exposure of the terminal filaments of the corneal nerves. A phlyctenule consists of a subepithelial infiltration, forming a small vesicle containing serum and a few leucocytes, whilst a

pustule consists of a grayish, opaque elevation filled with serum, new cells and broken down material formed by the destruction of the corneal substance. It is more extensive than a phlyctenule, extending deeper, and frequently involving the surrounding corneal tissue.

A phlyctenule may disappear without leaving a scar, if only the epithelial layer is involved. A pustule, which always causes a destruction of tissue, forms an ulcer with a dirty grayish base, which on healing becomes clean by the absorption of the broken down material, followed by the formation of new tissue, formed from the new formation cells, supplied by vessels which run from the corneal margin to the ulcer, disappearing when the process of repair is finished.

In the healing of the ulcer, first the epithelial layer is reproduced, covering the ulcer, followed by the production of new material, which fills in the excavation. This new tissue differs from true corneal tissue, which is never reproduced, in being translucent instead of transparent like the latter. Consequently they will remain a macula more or less dense according to the size of the ulcer, which will grow dimmer by age, but can always be distinguished by oblique illumination. In some cases the epithelial layer alone is produced, the excavation not being filled in; in this case will have a transparent depression resulting called a facet. The ulcers which are the result of a pustular inflammation, may be very extensive, causing an infiltration of surrounding corneal tissue, hypopyon and perforation.

Treatment.—This consists in looking after the diet and hygienic surroundings of the patient, and prescribing according to the symptoms as they present themselves. In the majority of cases the patients are children, unable to describe their feelings, and you will have to depend principally upon the objective symptoms. Where you have extensive ulceration, it is advisable to use the pressure bandage on the eye, which will keep it quiet, favoring absorption and lessening the liability to perforation. If the ulcer is in the center of the cornea, and threatens to perforate, use a solution of Atropine (four grains to ounce of water) externally, to keep pupil dilated. If near margin of cornea, use solution of Eserine (two grains to ounce of water) externally, which will keep pupil contracted, thereby preventing in either case a prolapse and adhesion of the iris in case of rupture of the cornea. In children where there is great photophobia, in order to see the eye it will be necessary to hold the child's head between your knees, while the mother or your assistant holds the patient, and by gentle and steady pressure force the lids apart so as not to evert them. On holding them open the eyeball, if turned up, will gradually roll down, giving you a good view of the affected part. In doing this avoid pressure on eyeball, as you may cause a rupture if there is extensive ulceration of the cornea.

The following are the principal remedies that I have found curative in these affections, and have repeatedly verified their curative powers:—

Apis Mel. When you have the œdematous condition of conjunctiva and lids, especially if accompanied by the characteristic stinging pain; may or may not have the other characteristic symptoms, as drowsiness, want of thirst, &c.; have prescribed with good results on the œdema alone.

Arsenicum. Lachrymation; profuse burning and excoriating; discharge thin and excoriating; coryza thin, excoriating; pains of a burning character; restless aggravation after midnight; thirst for small quantities of water; cases suffering from general debility; want of nourishment.

Cal. C. Especially indicated in fat, unhealthy children, who have enlarged glands, distended abdomen; pale, flabby skin; eruptions on head and body, cold sweat on head. The eye symptoms are not characteristic. Depend on the general condition of patient for prescribing.

Chamomilla. In children of scrofulous habit, who are cross, peevish, especially during dentition; often have great photophobia, lachrymation, not very marked redness.

Conium. Have great photophobia, lachrymation, with very slight or no redness; inability to open eyes on account photophobia.

Calc. Hypophos. In extensive ulceration, tendency to perforation, hypopyon; seems to be loss of vitality of the cornea and of the system in general.

Cina. Photophobia, redness, lachrymation, child restless, cries out in sleep, frightened, grinds teeth, pains in stomach and other symptoms indicating worms.

Euphrasia. Lachrymation and discharge; burning, excoriating, lids red and sore from excoriation; photophobia and redness present, but not excessive.

Graphites. Indicated in cases of marked scrofulous habit; edge of lids red, swollen; small pustules on edge of lids; external canthi cracked and bleed easily; eruptions on head, face, or behind ears, moist and sticky in character, bleed easily.

Hepar Sulph. In cases where have extensive destruction of tissue from ulceration; also pustules filled with pus, accompanied by intense photophobia, redness, lachrymation, swelling of lids, bleed easily, sensitive to touch; children very cross; other pustular eruptions on body.

Ipecac. In phlyctenular or pustular inflammation, accompanied by *great photophobia, lachrymation and redness*, nausea may or may not be present.

Kali Bichrom. Frequently given with excellent results where there are no particular symptoms and very few of them. May have stringy discharge.

Mercurius Ox. flav. Ulceration of cornea where there is great vacularity of cornea, marked redness of conjunctiva, redness and swelling of edge of lids, photophobia and lachrymation.

Merc. Sol. Lachrymation, profuse burning and excoriating, mucopurulent discharge, thin and acrid; redness, photophobia, aggravated by gaslight or glare of fire; pains aggravated at night.

Nux Vomica. Photophobia, lachrymation, redness, headache, stomach out of order, bowels costive, aggravation of all symptoms in the morning.

Pulsatilla. In light-hair, blue-eye children; also in the negro. Lachrymation, discharge white, thick, profuse and bland; styes on lids; general symptoms worse in warm room; be relieved in open air; lachrymation worse in the open air and wind.

Rhus Tox. Profuse lachrymation; gushing forth on opening lids; redness; photophobia. May have chemosis of conjunctiva and lids; vesicular eruption on face and around eyes; aggravation of symptoms in damp weather; restless.

Sulph. In marked scrofula cases, especially if chronic; pains sharp, sticking like needles; itching and burning in eyes; redness; lachrymation; aggravation from cold water.

Psorinum. In cases similar to Sulph.; in cases subjected to repeated attacks; eruptions on the different parts, especially head and face; discharge from ears.

XLIX.

The Use of Prisms.

By JOHN L. MOFFAT, M. D., Brooklyn, N. Y.

There are three general purposes for which prisms are used in treating eye troubles:—

(1), Testing; (2), palliation; and (3), as a means of cure.

(1). The test most frequently employed is for muscular asthenopia; and most commonly for weakness of convergence, that is of the internal recti muscles.

The symptoms leading one to suspect asthenopia are: The eyes feel weak; are easily fatigued, especially by looking at moving or near objects, such as reading in a car or carriage; there is a strained or stiff sensation or pain in, around, or over the eyes, which often extends along the base of the brain, and even into the neck or shoulders; double vision, confusion, and vertigo are very marked, frequently being brought on by looking suddenly to one side (Gels.); the strain frequently causes an irritative congestion of the eyes, lids, and conjunctivæ, thus producing photophobia, lachrymation, redness, and even marginal blepharitis; *objects waver*, and the *letters dance* or *run together after reading a little while.*

This last symptom is diagnostic of muscular as contrasted with accommodative asthenopia where the letters blur, their edges becoming indistinct.

As is well known, the retinal image is an inverted one, and our sense perception is so educated as to interpret those rays which fall upon the lower half of the retina as coming from objects situated correspondingly above the point of fixation; in other words, an impression upon any given portion of the retina gives vision in the diametrically opposite part of the field. Thus,—if the left rectus internus be weak, convergence is not maintained, and the eye deviates outward or towards the left; this brings the left half of the retina in position to receive the rays of light from the object, which consequently appears displaced to the right, and you get crossed diplopia.

The best test for muscular asthenopia is to measure by prisms the sus-

pected muscle, and ascertain if it comes up to the standard.

In the normal eye the strength of the internal rectus is generally equivalent to a prism of 20° to 30°; the externus to 6° or 8°; while the rectus superior or inferior can seldom overcome more than 1° or 2°.

To test one of the recti—after fitting the patient with glasses to correct his hypermetropia or myopia, have him look at the flame of a candle situated at a distance of about ten feet, then ascertain the number of the strongest prism, held with the apex pointing in the direction of the muscle tested, with which he can maintain single vision. This is the strength of that muscle expressed in degrees, knowing which, we can readily form an estimate of its weakness by comparison with the average strength of the normal muscle. In this test the patient will at first see double, and then, if the prism be not too strong, or—what is practically the same thing—the muscle too weak, the intuitive impulse to single vision will cause the eyes to converge, and the two images fuse into one. But just here there are two errors to be guarded against: (1), the patient may not be able to see the flame distinctly with one or the other eye, and (2), owing to the strength of the prism the two images may appear so far apart that one of them escapes the patient's attention. Consequently, the practitioner should be careful to ascertain that the patient sees two images when the prism is first placed before the eye.

Prisms are also of use in testing for binocular vision, for which the stereoscope is infallible, if used with a plate or card so marked that the resultant figure with binocular vision will be different from the image seen by either eye alone; the patient being merely required to describe what he sees in the instrument.

Another test is while the patient is reading aloud to place a prism of about 3° or 4° base downward in front of the better eye. Confusion will be manifest, unless he is in the habit of reading with one eye; and then he is apt to hesitate while adjusting his better eye and suppressing the image of the other.

These tests are well adapted for malingerers. In cases where the patient is intelligent and not trying to deceive, his statements of diplopia, and of the relative brilliancy of the images will generally suffice.

(2). Prisms are indicated for *palliation* in cases where there is diplopia due to incurable, impaired motility of one eye; as when a tumor, etc., involves the muscles, or pushes the eye out of position.

The practice of ordering prisms that will palliate diplopia in temporary or incurable cases, has done so much harm as to bring their use into disrepute.

(3). When there is troublesome diplopia due to muscular weakness, much good can often be done by carefully fitting prisms so as to relieve most of the strain on the weak muscles, but to leave them still so much work to do as to give them exercise not beyond their strength. If the diplopia be entirely corrected by the prisms, the affected muscles will become weaker from non-use, and the last state of that man worse than the first. Yet if the diplopia be not relieved, the brain will gradually suppress the weaker image, the sight of that eye will become more and more blunted, and confirmed strabismus be the result.

The relation between accommodation and convergence, that is, between the action of the ciliary and the internal rectus muscles is very intricate; and a clear understanding of it, is of the utmost importance for the successful treatment of refractive and asthenopic troubles; most cases of so-called muscular insufficiency being really a derangement of this relation rather than an absolute weakness of one of the recti.

Cases of hypermetropia, presbyopia, and even of myopia, associated with asthenopia, are not satisfactorily treated with glasses until this relation is studied; and the distance between the centres regulated so that the line of vision passes through the portion of the glass desired. For instance, in a case of presbyopia; if the glasses be decentered inward sufficiently for the visual line to pass external to the center of each lens, the effect will be that of looking through prisms with their apices outward, the strain upon the internal recti will be mitigated at the same time that the ciliary muscle will be relieved by the convex glasses.

A case in point is that of a hypermetrope, æt. about thirty-three, who was beginning to complain of asthenopic symptoms, $+0.5^{D}$ glasses were ordered without relief until it was discovered that the patient had acquired the habit of pressing the eyeglasses down more firmly upon his nose to hold them on. This wedged their centers apart so that he practically was looking through prisms held apex inward, thus calling for increased convergence, and disturbing the harmony between that act and accommodation. Of course, the result was increased distress, and dissatisfaction with the physician.

After diphtheria, measles, or prolonged, exhausting sickness, the internal rectus (or sometimes the external) is quite weak; in which case much benefit will be found from repeated exercises wherein prisms of gradually increasing strength are placed before the affected eye, their apices pointing in the direction of the muscle to be strengthened. A record should be made each time of the strongest prism through which single vision at a distance (the candle) can be maintained. The writer has, by this means alone, cured marginal blepharitis, as well as the subjective symptoms of "weak eyes." If satisfactory results be not obtained, the reason will probably be because the accommodation requires attention.

L.

Crescentic Ulcer of the Cornea.

By CHARLES G. DAVIS, M. D., O. et A. Chir., New York.

E. B., a little girl aged 6½ years was brought to me on June, 11, 1883, suffering from profuse lachrymation, intense photophobia but no pain. She was a child of scrofulous habit and ematiated physique. Her face was rendered conspicuous by the presence of numerous furuncles, one of which; being of large enough size to be called an abscess, was situated

between the eyes at the root of the nose. Her complexion was fair and the skin was of a doughy appearance, due to the lack of its normal elasticity. In brief the child was very much reduced from some exhausting disease which was at the root of her general condition, as well as the cause of the special ocular trouble.

On examination phlyctenules were found on both cornea, the left being more affected than its fellow. Besides there was considerable injection of both conjunctivæ.

June 30. During the interval the patient has been kept on Hepar Sulph. Calc. which cleared the skin, healing the furuncles as well as the abscess, and brought it back to normal activity; also did it clear up the right cornea. The phlyctenules on the left cornea had culminated in forming an ulcer of shallow depth, situated to the left in the upper portion of the cornea and distant about one line from the corneo-sclerial border. The ulcer was surrounded by a wide band of gray infiltration. Intense photophobia and profuse lachrymation were present but very little injection. Conium was given.

July 11. No improvement manifest, there was a morning aggravation both in regard to the special and constitutional troubles. Though the general health is constantly improving, both as to appetite and disposition; the ulcer resists treatment. Nux Vom. was given and the eye was bandaged with dry lint dressing.

July 19. Decided improvement has now set in. For the first time came to my notice the fact that the ulcer is not in the same position as before, but seems to be traveling around the cornea toward the right, pushing ahead of it a gray patch of infiltration. The ulcer itself has extended deeper and vessels have gone over the cornea from the right to meet it. The subjective symptoms are *nil*, but there is intense photophobia and lachrymation. Nux Vom. was continued, so, was the dry dressing with the bandage, the precaution to instil a drop or two of Atropine before adjusting the dressing, having been taken. The word "precaution" is used, because there was fear that the ulcer would involve tissues so far down in the cornea, that the normal intra-ocular pressure would cause a bulging of Descemet's membrane; which, being perforated, the iris would be swept into the wound by the escaping aqueous humor. The timely exhibition of Atropine prevents this, hence its use as above referred to.

September 6. The eye presents a more hopeful appearance though the ulcer still creeps on its way around the cornea. For all that the intensity of the inflammation has abated and the general vascularity has left one small vessel running to the seat of the destructive process.

October 15. Though the ulcer still keeps on, the patch of infiltration in front of it is smaller, while the cornea is crossed by a few prominent vessels, an indication that the stage of repair is about to be ushered in. Calc. Phos. was now given.

October 25. The ulcer has reached its last resting place about one line from its starting place, having traversed in its course eleven-twelfths of the corneal circumference, one line from its junction with sclera. The small patch is half-moon shaped, the concavity directed downward and inward. There is still intense photophobia and lachrymation. This

photophobia has been of that severity throughout that the child could not raise her head even with her back to the light.

On November 8, she was again seen; when there was on the cornea a faint haze representing the track of the ulcer over the cornea. She sees apparently as well as ever and only close inspection would detect the difference between the corneæ of both eyes. Calc. Phos. was kept on for some time after, and the cornea cleared up considerably. Whether the remedy cleared it any more than nature was already doing after the cause for the blur was cured is always open to question.

Etiology.—From the parents it was gathered that the little one had just recovered from pneumonia and whooping-cough. At a glance one can see that the corneal condition was but a manifestation of the general physical debility consequent on the exhausting diseases from which the patient had lately suffered. On her body and face this debility caused a furunculosis, on the cornea, a similar pathological disturbance differing according to the the respective difference in the histological structures.

Doubtless the excessive depletion of the system caused this peculiar form of ulcer to be the result of the phlyctenular condition of the cornea. Though in scrofulous subjects ulcers result from phlyctenulæ, due to dyscrasic influences, here we had an anæmia aside from a constitution of pernicious character. These two in collusion produced that form of corneal destruction which writers describe as the most resisting of all ulcers to treatment.

Pathology.—We have here to speak of two conditions, the phlyctenula and the ulcer. A phlyctenula is a circumscribed infiltration of Bowman's layer, and always confined to the parts surrounding a nerve branch, piercing into the epithelial layer.—*Iwanoff.*

This infiltration has been the subject of some controversy in regard to its origin, but the most likely theory is that of its dual origin, namely, the blood vessels and the fixed and wandering cells of the cornea. This hypersecretion of round and small spindle cells pushes up the corneal epithelium, and makes the elevated blister-like appearance of a phlyctenula. These become opaque, burst, and rapidly heal, or they may, after bursting, involve more of the surrounding tissue, and forming an ulcer, extend deep into the corneal parenchyma. In the case under consideration the phlyctenulæ of the right eye healed; while those of the other took the second course.

Let us look at the ulcer, the second product of the general dyscrasia. We have spoken of the infiltration of that layer nearest Bowman's, the raising of Bowman's, and the superimposed epithelium, and the final bursting of these two, through contiguous spreading of the ulceration; now, in fact, we have an ulcer. The base is filled with pus, the walls are ragged, and the surrounding tissues, being crowded by the fast proliferation of round cells, are softened and permeated by the infiltration, which gives the grayish halo around an ulcer. The ulcer in this case kept involving the tissues in front of it, and so extended itself until it had made a circuit of the cornea. The ulcer being a deep one, the terminal filaments of the nerves were destroyed, thus causing no pain during the greater part of the ulceration, though to the same causes are due the pho-

tophobia and lachrymation, for these disappeared on renewal of the epithelium. In this healing process, new and temporary vessels projected from the corneal margin toward the ulcer, for the purpose of bringing nutrition and removing detritus, and soon as their work was accomplished they disappeared. The result of the healing is not a perfect corneal reparation. Bowman's layer is not regenerated, but the margins lie around the original loss of substance, and are bent inward, and the new corneal tissue, though having a tendency toward forming normal lamellæ, is irregular, and the layers intersect each other at obtuse angles; and further, the new tissue contains more cellular elements than normal. Hence there is an opacity left where an ulcer has penetrated Bowman's membrane. An ulcer begins to heal by a proliferation of cells, commencing at the margin in the epithelium; a new tissue of the nature of a connective tissue forms upon the ulcer, and contains a vast number of cells; but before this fills the cavity the epithelium has covered over the top. These cells take upon themselves the formation of a denser and more regular mass to regenerate the cornea.

Treatment.—The remedies used were Hepar Sulph. Calc., Conium, Nux Vomica and Calc. Phos. Of all these the best and quickest results set in after the use of Calc. Phos. It is a nutrition remedy of great power, and has been used frequently in corneal troubles with marked results. Further, its provings point to it as a valuable remedy in anæmia, and in cases of faulty nutrition. It acts well on the harder tissues of the body. Here, then, was a case for its exhibition, and it responded faithfully.

Much credit must be ascribed to the dry dressing. The patient sits in a chair and leans the head back; the surgeon, from his position behind, spreads a square of dry linen over the closed lids; then over this he spreads in minute pinches the dry lint, picked from table linen, placing it around the eye and gradually filling up the hollow so that the pressure does not come on the eyeball. To retain this in place he applies a flannel bandage. Beginning over the injured eye, he secures the bandage by one turn around the head; then he continues, carrying the next turn under the occiput, around under the ear and diagonally across the face to the bridge of the nose, applying the most pressure on the lower edge of the bandage, thus securing the lower portion of the lint. At the bridge of the nose the turn is fastened by a pin; the next turn takes a smaller course, but the pressure is on the upper edge of the bandage, thus forming a secure pocket over the lint; this turn is finished and secured by a pin over the injured eye; the rest of the bandage is carried again around the head and fastened by pins. By this we have prevented radiation of warmth from the eye, and further, have secured protection for an abraded cornea. The warmth draws more nutrition to the part, and thus helps in healing the ulcer.

LI.

Traumatic Strabismus Cured by Fright.

By W. C. LATIMER, M. D., Brooklyn, N. Y.

August 22d, 1883, was called to see Capt. S., of East New York. After attending to him I was asked to see a grandchild who had fallen down the cellar stairs two days previous. The child, "a girl four years of age, with light complexion, blue eyes, light hair and a scrofulous diathesis," had received a scalp wound 1½ inches long over right parietal eminence.

It was now too late to put in sutures, so cleansed the wound, drew it together as best I could with adhesive plasters, placed over it a compress wet with a solution of Calendula, and gave Arn.[1]; 27th the change of symptoms were such Bell.[3] and Kali. Carb. were given, and the dressing continued. About September 1st the healing process came to a stand, the granulations became irritable, the discharges thin and irritating, and continued so for about four weeks, during which Arn., Ars., Hepar, Merc. and Sil. were given. Under the latter the wound healed nicely.

October 15th. about one week after the wound had healed, a slight convergent strabismus of left eye was noticed. It grew worse until the eye stood at an angle of about 45 degrees, and there remained. About November 15th her sisters, who had been sent to Brooklyn by their mother, thought on their return to surprise her; so "instead of entering by the side door as was their custom," they rapped at the front door. They made so much noise it frightened this child, "who was playing on the floor." She jumped up screaming and ran to her mother. Here the mystery of the case occurred. Her eye in an instant resumed its natural position and has remained so up to this time, now nearly three months. I am led to the following queries: What caused the strabismus? Was there an effusion? What caused the cure? No medicines had been given after the first of October.

LII.

A Case of Mastoid Disease.

By N. B. COVERT, M. D., Geneva, N. Y.

There is, perhaps, no department of aural surgery that requires more careful consideration than that pertaining to the mastoid process of temporal bone, and the tympano-mastoid cavities.

Notwithstanding the decided progress in the special department of Otology, the specialist often shrinks from the care and responsibility of

treating the advanced cases of mastoid disease, yet it is under these conditions that many cases reach him with little chance to do more than palliate their sufferings, which sooner or later end in death. It is, therefore, all important that the real danger be recognized early and the diagnosis correctly made. To the inexperienced the symptoms may not be fully recognized, nor the distinct variety or class of mastoid complications fully comprehended, and thus important time is lost in averting the early symptoms which sooner or later lead to structural changes, necrosis, pyæmia and death.

It is not the object of this paper to discuss the pathology of this disease as it occurs in different cases, but simply to present the facts and history of a case, which after several months of suffering, came under my observation and care.

Mr. D., age 64, bilious temperament. Called at my office August 14, 1882, and gave me the following statement, viz.:—

He had been troubled with deafness for over two years, and suffered from tinnitus, and buzzing noises in the R. Ear; H. D. R. E. = $\frac{6}{40}$.

Upon examination found auditory canal nearly filled with impacted cerumen, which was removed and carefully cleansed, &c. This ear had troubled him for over two years. The more recent trouble of his L. E. was the reason he sought relief. In April, 1882, Mr. D. states that he took a severe cold, after which he had inflammation in L. ear, accompanied with quite severe pain and some external swelling, but no discharge. He consulted his family physician, and various remedies were used to relieve the pain, and during the four months from April to August, everything in the line of domestic remedies had been tried. August 14, his condition was as follows: *Left ear*, H. D.=$\frac{0}{40}$. The swelling was considerable, auricle standing at almost right angle; behind auricle the swelling extended in all directions, upward, backward to occiput, and downward, following the course of the sterno-cleido-mastoid muscle. The general appearance was red and surface shining. Percussion revealed the fact that there was fluid of some character in the swelling; auditory canal so narrow that I could not see membrane tympanum. He had experienced difficulty in swallowing solid food. and it was quite difficult for him to articulate his words; and for several nights before he came to me, had been unable to lie down during the night, but sat up in his rocking-chair. The swelling was causing pressure upon the nerves, inducing partial paralysis, and thus causing him to feel more anxiety about his condition. The swelling presented the appearance of a post-auricular abscess. On the (August 14) date of first visit, I made a free opening at the most prominent point of the swelling, and the discharge was very profuse, exceeding, I should say, one-half tea-cup of sanguinous pus, and decidedly offensive in its odor. After removing all the pus possible, I examined the condition of the bone with probe. The surface of bone was rough and periosteum broken down, and scalp separated for some distance in each direction. I then introduced a tent saturated with carbolized oil, and ordered a poultice of flax seed.

The discharge seemed to relieve him decidedly, and for several days the parts were syringed with weak Carbolic Acid Water, and the tent

replaced every time it was dressed. The discharge continued very profuse. Hepar Sulp. and Silecia and Mercurius Cor. were given as internal remedies.

Notwithstanding the free discharge the inflammation extended backward to nape of neck, and another abscess formed, and on the 22d of September I opened it, and it discharged freely. I could now pass a probe into the last opening through into first a distance of nearly four inches. The discharge continued from both openings, and yet the swelling about the neck continued owing to infiltration of pus into the tissues following down the sterno-cleido-mastoid muscle. The parotid gland was swollen and hard, partial paralysis of the muscles of the throat making deglutition difficult.

October 5th.—After consultation, decided to enlarge first opening. Commencing at the lower portion of the mastoid process I made an incision about two inches long, and one half-inch behind auricle and nearly parallel with it. Upon making this free incision we found the bone badly denuded and rough over a large surface, extending up and on left parietal bone, and backward to occipital bone. We also found a fistulous opening in the mastoid process, into which a probe entered readily, and communicating with the cells of mastoid process.

The denuded surfaces were thoroughly scraped, and the diseased periosteum removed in small patches. It seemed as though the outer table of the bone was nearly ready to give way.

I kept wounds well cleansed and free from pus or any accumulations whatever, and dressed frequently, and gave Iod. Mercury in $\frac{1}{8}$ grain granules, three times a day. Upon the theory of specific disease I had given Mercurius Corr. 3x, for several days prior to last operation, thinking that we had to deal with a case of *syphilitic periostitis mastoidea*, but had not noticed any improvement from its use.

A few days later an abscess developed in parotid gland, which was opened and discharged freely, and gave considerable relief in swallowing and taking nourishment.

From the date of the free incision, and removal of the denuded bone and diseased periosteum, the discharge grew less, and the opening at nape of neck closed and the scalp became united over the occipital region; the openings behind the auricle and at lower portion of parotid gland still discharges. The patient had become exceedingly weak, and had suffered much during the six months.

The best of nourishment had been provided and given during his protracted sickness, but his long continued sickness had greatly reduced him in every particular. But there seemed to be a gradual improvement under the use of the Mercury Proto Iodide, and a careful antiseptic treatment of the remaining wounds.

November 16th.—He was suddenly seized with a chill, followed by violent fever, which soon developed an attack of erysipelas, which commenced in the wound behind the auricle, extending down the neck, and finally over the face—both eyes were swollen shut, and the attack was violent in every respect. Temperature 104½; pulse 120. 17th and 18th delirium was present most of the time, and serious results were antic-

ipated, but at the close of the fifth day his temperature became lower, all his symptoms changed, and from that time he gradually improved, and in ten days he was considered convalescent. During the attack the discharge from the wounds ceased almost entirely, and to my surprise it did not return again; within one week the wounds were healed, and to all appearance perfectly, save the reddened appearance of the surface. From that date to the present he has had no trouble, and has been free from any pain or signs of a relapse.

The chief points of interest in this case seems to me is its beginning and ending.

1st. There was no discharge from the ear.

2d. The sinus communicating with the tympano-mastoid cavities discharging under the scalp.

3d. The specific character of the periostitis—syphilitic.

4th. The attack of erysipelas, and complete healing of wounds and perfect recovery.

LIII.

A Case of Mastoid Disease.

By N. B. COVERT, M. D., Geneva, N. Y.

Miss Minnie L., age 17 years, phlegmatic temperament, scrofulous diathesis, was brought to my office on the 27th day of February, 1883. The history of her case was as viz.: In November, 1882, she took a severe cold, which resulted in an acute otitis media of her left ear, followed by suppuration and discharge. The case was treated by family physician, and the free discharge from ear relieved the intense pain of the first attack, and with the use of Morphine and other remedies, she seemed to be better and quite free from pain for several weeks, although the discharge continued from the first, and a dull pain in and about the ear.

February 27 she was brought in from the country, a distance of six miles. Her general appearance was bad, and she seemed much fatigued from her journey. The swelling over the mastoid process was quite prominent, extending downward and backward. She is unable to turn her head without turning body; has severe aching pain in mastoid process extending deep into the ear, with shooting pains extending upward to temple, and a heavy aching pain across forehead, and occasionally a sharp pain extending across to the right side of the head. There was no discharge from the ear at the time of this examination, and the auditory canal was swollen on posterior surface, and so narrowed from the swelling that I could not examine the membrane tympanum or tympanic cavity, but found a cheesy deposit by using curette. Has great difficulty in swallowing any food except in liquid form; double vision (diplopia) and facial paralysis.

She had a haggard look and a peculiar expression of the eyes depicting suffering in her countenance. Her rest had been broken for several nights, and her appetite poor. She has had chills and fever almost every day for the past week. Pulse 110, temperature 103°. After the examination I stated to her sister the danger I apprehended, and advised an operation at once, and proceeded with their consent to administer anæsthetics, and made a Wilde's incision over the swollen mastoid; and when I removed the bistory, a thick creamy pus followed. I then inserted lint saturated with carbolized oil, and applied poultice, and had her removed to her boarding place. The effects of the anæsthetics, &c., were followed by a restless night, but during the next 24 hours the discharge commenced from wound, and also slight discharge from the ear, through the auditory canal. A number of different remedies were given, *Bell.*, Hepar Sulph., Silecia, Mercurius and Cal. Phos., as they seemed indicated, and poultices continued, and the ear and wound cleansed with solution of Boracic Acid Water, and occasionally the powder blown into the ear. There was still considerable inflammation affecting the lateral cervical region, and also extending on the side affected to the occipital region. Beneath the auricle there was a hard, painful swelling, causing an infiltration of the sub-cutaneous connective tissue of the parotid and cervical glands.

I decided to enlarge the incision, which I did, cutting down to the bone, and dissecting back a portion of the periosteum. Upon examination with probe the bone seemed rough and yielding upon pressure. I therefore took one of Buck drills, and enlarged the small fistulous opening, drilling in about ¼ of an inch, when I could feel that I had gone sufficiently deep to give relief to any confined pus. Afterwards using a strong probe and broke up some of the cells, making a free opening to tympanic cavity. I could now pass probe in easily to the depth of 1½ inches. I then syringed out the wound and cavity, the solution passing through and coming out the auditory canal. For several days the discharge seemed free and the patient seemed to improve quite rapidly in every respect appetite good and takes milk and beef tea freely. Parotid gland still hard and swollen. Commenced the use of *Phenic Acid*, by hypodermic injections daily, and the syrup three times a day internally. Her general condition seemed to improve, but the parotid gland seemed painful and indications of suppuration developed, and April, 13th, opened it and found pus. This relieved the swelling somewhat, but soon another point made its appearance on the inner side of the sterno-cleido-mastoid muscle and when opened prove a fistula from the swelling above, following down and at the lower third of the sterno-cleido muscle, making four openings for the discharge of the pus. The tympanic cavity at bottom of auditory canal became filled with granulation, which obstructed the free exit throughout auditory canal, and they formed rapidly also upon the edge of largest opening over mastoid process. A saturated solution of Boracic Acid and Alcohol was used in the ear, after the granulation had been removed with a curette; while those externally were removed with scissors. The treatment as indicated was followed up, using different antiseptic solutions and Boracic Acid, Iodoform, &c., but a free out let

for the exit of pus has been one of my main endeavors, and to accomplish it, I have frequently passed a probe through into tympanic cavity, and have had the syringe used daily to thoroughly cleanse the cavities.

Yet notwithstanding all my efforts there are days in succession when there is little or no discharge, and when this occurs, the symptoms about the head are aggravated, with pains extending to forehead and often shooting in character. The stomach often rejects food, and vomiting of quite frequent occurrance when these aggravations occur.

The patient has been better and worse according as the discharge is free or scant for several months.

Her symptoms did not vary much until September, '83, when symptoms of blood poison supervened. Her lungs became involved, and she suffered from severe pain, chills, night sweats, and abscess of upper portion of left lung, and general prostration and exhaustion, and death which relieved her suffering, December 15, 1883.

LIV.

Teeth Versus Ears.

By HENRY C. HOUGHTON, M. D., New York.

The relation existing between the teeth and the ears in early life, has been recognized as explaining not only a transient otologia, but it is admitted by the best observers that reflex irritation of the tympanic fibres, if long continued, will cause trophic changes, to the extent of active congestion; later, effusion may take place and suppuration be a final result.

It would seem superfluous work to argue a point which nurses have long since recognized; but certain wise men, among the dentists, tell us that there is no reason why the natural process of dentition should cause ear disease. The old Hebrew proverb may be suggestive to these gentlemen: "The fathers have eaten sour grapes, and the children's teeth are set on edge." This is true in other matters than morals. Any one who is constantly seeing cases of aural disease at public clinics, will trace the relation between cause and effect. The poor cannot have the care that is necessary for the teeth while the temporary is giving place to the permanent. Early removal causes mischief; it may relieve the peripheral irritation, and earache cease; but permanent injury may result. Three important items are involved: the alveolar edges are broken, the jaw atrophies and the permanent teeth are restricted in their egress. Still worse, the pulp of the permanent teeth, on account of its intimate relation to the roots of the temporary, may be destroyed, hence no tooth be developed. Which horn of the dilemma shall we hold?

The poor laity prefer to worry on, mitigate the earache, and save the teeth. The physician of the well-to-do patient must widen his sphere of

care-taking, and guard the integrity of tooth as well as ear. There is a complaint in these days that the patient is sent from specialist to specialist, whereas in the good old times the family physician knew enough to care for everything. There may be reason for the complaint, but in many cases there is reason for the action. No one mind, no ordinary lifetime, can keep pace with the sub-division of differential knowledge and special practice. The question may arise, Does all the advance in knowledge and the skill in practice keep pace with the abuse of opportunity and the abandon of the age ?

By the use of inexpensive temporary filling, the crown of the tooth may be kept from caries, the pulp preserved, the relations of the jaw maintained, and thus the reflex irritation of the nerves of the tympanum avoided ; thus ulceration, thus deafness, thus deficient mental development be matters that less frequently enter into the early life of the individual.

Maud H., age 7, December 7, 1883 ; brunette ; well nourished ; family history tubercular ; has occasional earaches, and recently has become deaf ; R. meatus clear, *Mt.* depressed ; H. D. $\frac{18}{240}$; L. same condition ; H. D. $\frac{18}{240}$. Politzer's method effectual. *Ferrum Phos.* in case the child has pain in the ear, and Kali Muriaticum morning and night.

December 10.—Better ; no pain since last visit, H. D. $\frac{36}{240}$. *Kali Mur.*

December 14.—Better ; H. D. $\frac{14}{20}$. Politzer's method, then $\frac{20}{20}$. *Kali Mur.*

December 29.—Had croup since last visit ; hearing dull again ; child timid, pale and sickly. *Kali Mur.*

January 5.—Pain in ear, followed by discharge (L) ; canal crusted with thin scales ; *Mt.* pinkish but dry ; teeth irregular ; crowns carious ; directed the mother to the dentist for temporary fillings. *Kali M.*

January 19.—Much improved ; teeth filled ; no irritation in ears. *Kali.*

January 26.—Doing well ; Politzer's method effectual, then H. D. $\frac{20}{20}$. *Kali.*

February 2.—The mother says, "Never better ;" H. D. $\frac{20}{20}$ promptly. The child is better in every respect. This brief summary from my case-book gives no idea of the change made in the morale of the patient. The relief from a dull, teasing ache, is the objective sign of a constitutional relief far more important.

In the adult the irritation of the dental nerves does not cause trophic changes sufficient to cause suppuration, save in exceptional cases ; but reflex neuralgic affections are caused that are very interesting, and at times peculiar, as the following cases will show :—

Mr. J. W. G., age 53, October 25, 1881 ; was injured by concussion of a gun when twelve years of age. The R. never recovered. The L. has been dull occasionally for years. There was nothing very marked in the appearance of the *Mt.;* a general catarrhal condition of the naso-pharynx. H. D. R. $\frac{4}{240}$, L. $\frac{0}{20}$. A mild primary current brought the L. to $\frac{16}{20}$; the R. was not affected by it. *Kali Mur.*

January 3, 1882.—The patient was seen occasionally till the above date, with little relief. There was always a stuffy sensation in the tym-

panum, and a sensitiveness of the auditory nerve to singing, to the tones of the organ, or to the rattling of paper. There was dull, neuralgic pain in the trifacial supply, relieved by warmth, and occasional pain of a similar nature down the side of the neck and into the right arm. I had several times examined the fillings of the teeth, but was always met by the assertion that there was no trouble there. January 3 the hearing was R. $\frac{48}{240}$, L. $\frac{20}{20}$, and the patient was not seen till July 8. The neuralgic trouble had continued, and the patient was alarmed, fearing paralysis. On examination of the molar teeth, the first was admitted to be slightly sensitive, and by urgent request the gentleman went to his dentist. I did not see him at the office afterwards, and wrote to ask the result. No reply was given. Nearly a year later we met on the cars. He at once apologized for delaying to reply to my note, and stated that removal of the filling revealed disease of that tooth. When this was relieved by proper treatment, all discomfort ceased.

Similar cases might be cited, but one of marked interest must suffice for this part of the subject.

Mrs. E. A. S., age 21, October 6, 1883; has constant pain in R.. canal narrow, *Mt.* dull, eustachian tube closed, H. D. $\frac{20}{20}$; pharynx granular; excessive secretion from naso-pharyngeal muc. memb.; pain in cheek and temporal region, as well as ear. *Mag. Phos.*

October 10.—No relief till last night; pain has been less. An examination of the teeth showed the crowns of several molar teeth loaded with amalgam fillings overlapping the proximate teeth and giving rise to dental irritation.

October 22.—"All right." October 13 I sent the patient to a gentleman who has made the study of the relations existing between the teeth and the ears a matter of close attention. He removed the mixed fillings, and replaced them by gold. All irritation ceased.

November 17.—Attention to the teeth gave complete relief.

In a statement of the history of her case, written at my request, the lady says that the pain began in the latter part of July. At first she thought the pain due to the teeth, and visited the dentist, who thought the eruption of a wisdom tooth imminent. At a second visit he was not clear as to the cause, so she went to the family physician, who decided, on a second examination, that this was a case of neuralgia. A stay of four weeks in the country gave no relief. The pain continued every night, with the exception of about six nights. Very often the pain was severe day and night. It was excruciating; it seemed to be mostly in the ear, darted up as far as the top of the head, and down to the throat. Nothing relieved it. Various applications were made—hot water, laudanum, etc. It was done up in cotton, all to no purpose. On returning to the city an aurist was visited, who thought the trouble was due to closure of the eustachian tube. He tried to inflate the tympanum. This proved ineffectual. The pain was intolerable. Three months had passed in these experiences up to the time of her visit to me.

The last matter for consideration in this connection is the relation shown to exist between the teeth and the ear (excuse the Irishism), after the patient has lost the teeth; in other words, between the ear and arti-

ficial teeth on metal or gum dentures. Metal plates cause the same irritation, in sensitive subjects, as metal fillings; but they are used less than rubber and celluloid on account of the expense. The poor patient purchases the cheap work, *i. e.*, the red gum dentures—cheap teeth and hastily-finished work. Hence we find our out-door clinic presents the larger proportion of sufferers. It has been impossible to find a suitable coloring matter which will bear the extreme degree of heat to which plates must be subjected. Sulphide of mercury is used in the rubber and the celluloid plates; sulphur in greater or less proportion to harden the rubber plates, and camphor in the celluloid. Manufacturers, as well as dentists, differ in their methods of manipulation and combination; still, we have these three agents acting upon the system, *mercury*, *sulphur*, *camphor*. The patients exhibit the symptoms of mercurial poisoning; the mucous membrane is deep red; the gums recede, and become dark red on the edges; ulcers form upon the buccal walls; these are unhealthy, irritable, and show little disposition to heal; a bad odor is noticed with the breath, and a metallic taste in the mouth. In some cases the entire intestinal tract becomes involved, wrecking the general health. The symptoms of the upper pharynx were those which first called my attention to the mischief caused by "rubber sets." The mucous membrane becomes dark red, thick, irritable, secreting an excess of tenacious mucus; the ears feel stuffed, subjective sounds set in, and later the hearing becomes deficient. A few weeks since a female patient presented herself at the clinic of the N. Y. Ophthalmic Hospital with many of the above symptoms. On removing the upper plate, the entire surface covered by the same was found unhealthy, red and thick, but the portion covered by rectangular "air space" or recess in the plate, was "a perfect picture," as an observer was led to remark. Scores of minute, elongated granulations rose above the surrounding surface like spores, ready to drop at the least touch. This patient had worn the plate two years, almost constantly. Those who remove the teeth at night are longer in developing these symptoms. Another lady, somewhat advanced in life, had been salivated when young. Later the teeth became loose from absorption of the alveolar processes, and some were removed; the inequality was corrected by substituting teeth upon "a red gum plate." Very soon the former symptoms of mercurial poison reappeared. After some experience of this sort she learned that the use of the plate was directly related to the disease of the mouth. This winter she came under my notice for relief of the symptoms caused by engorgement of the mucous membrane of the eustachian tube. She has had all the teeth removed, and will wear an upper and a lower plate of perfectly neutral material.

I am aware that this is not a new subject. Others have written upon it, but I was not aware until recently that the entire denture could be made of a material similar to that used from the first in the manufacture of artificial teeth, namely: A compound of feldspar, quartz crystals and kaoline. In a cast of this compound the teeth are set and fused, making a continuous gum, a perfectly neutral plate. One of my colleagues was

relieved of an uncomfortable subjective ringing in the ears, by substituting this plate for those formerly worn. He had consulted me concerning the affection ; medication relieved, but did not cure. Removal of an irritating cause was followed by happy effects.

LV.

The Relation of Germs to the Diseases of the Future.

By J. H. DEMAREST, M. D., New York.

It does not follow that a physician is to be charge with being a monomaniac upon the subject of germs, nor is it just to accuse the faithful student and investigator of those pathological evidences that arrest his attention at the bedside, even of being a hobby rider. The existence of germs or seeds of disease has become as well proven a fact in medicine as the dual action of drugs is a therapeutic law. We know to-day more about those germs than we did ten years ago. Pioneers in everything have been extreme in their views. Many of us can remember the extent to which the antiphlogistic course of treatment was carried, a sufferer from fever would not only be starved, parched for want of a cooling drink and mercurialized, but even the poor life blood coursing with undue rapidity through the circulatory system would be depleted by the lancet, though we now know that it would be replaced by a still poorer element debilitating the patient to a degree that the wonder is that any recovered. We see few of those tedious convalescences that were the rule twenty years ago.

From this extreme, the disciples of Thompson eschewed all except herbs and roots. Hydropathy used water for every ill, and many, very many embraced and carried out to an extreme degree the doctrine of "*similia similibus,*" until their dilusions and infinitesimals became the subject of ridicule. But all this time there were bodies of patient investigators, searchers after truth wherever she was hidden, whose views were conservative and whose patient toil has been gradually winnowing the chaff from the wheat, and from time to time presenting views based upon facts that cannot be gainsaid.

Familiarity breeds contempt. It also lessens our value of a discovery to become accustomed to the revealed facts. It has become the custom to vaccinate all newly born babes. It is expected of the physician attending a case of confinement. The question will be asked on engaging a practitioner nine times out of ten, "does your fee include vaccinating the baby ?" It is usual to do this. The public expects it. It is this general vaccination that has removed from small-pox that terror, and dread, that not so very long ago pervaded every community. Within forty years every country town has its pest house or lazaretto, for the confinement and isolation of those attacked by small-pox. So great was the

terror inspired by this disease, that a good deacon who had been arrested in Connecticut for violation of the blue-laws, driving on Sunday, had only to say "I have been exposed to small-pox and thought I had better get home as quickly as possible," to be released at once, and bidden "Hasten for God's sake."

The discovery by Jenner was merely and abstract fact. In the days of our revolution, Washington's army was saved from decimation by small-pox, only by inoculation of the entire command. Jenner merely inserted the modified form. The germ was the material employed, whether the seed was variola, or vaccinia. Pasteur, Koch, Lionel S. Beale and our own Jeffries Wyman and Rudolph Verchow who first published a cellular pathology, all have began a work that promises to indicate that in diseases in the not far distant future, the germ will be known and its relation to each pathological change accurately determined.

All advancement in medicine is being made by investigators, much is formulated, which will prove valueless, nay, some may do positive harm. But altogether it is in the direction of good. The life principle undoubtedly exists in microscopic germs. They move and increase under suitable conditions. Some grow faster than others, and some destroy and seem almost to feed upon others in their growth, where some of the forms have been under microscopic examination and it has been necessary to keep them quiet for a brief space I have accomplished it by administering Chloroform, Ether, or Morphia. I have especially found that a solution of Chloral-Hydrate would cause movements to cease in some of the forms of insect larvæ. The fact that these movements are evidences of vitality has been clear to me for a long time. Some observers call these movements contractility. But the matter not only lengthens, and shortens in all directions, but it also moves from place to place. These *vital* movements have never been explained satisfactorily to me, because, they affect matter only when it is in a living state. Take the vaccinial bioplasm for instance. I have tried Martin's, Foster's and that of the New York City Board of Health. But I have found that the virus produced by "The Ibex Company" of New York City, contain more of the living bioplasm than any of the others, and that it is the best adapted to all the observations that may be made by the investigator. In fact some of the specimens that I used contained double the number of bioplastic vaccinial cells that I was able to observe in either of the other three. In my examination, I found that there was a regular circulation, round and round a bioplastic cell, while a cell often would expand, and broaden itself and assume a form entirely at variance with that which it presented only a short time before. I have made out distinct movements in various directions, and all of these changes can be observed if the lymph is pure, and of high quality. I have never failed to secure a positive success, when the bioplastic cells were numerous and active, in any lot of vaccine. When the cells are shrunken, and inactive, and appear choked with bacteria and other foreign growths, and when only a few vaccinial cells appear in the field, the virus will probably fail. When the virus has been taken before it has matured, the vaccinial bioplasm has a different appearance from that which has reached a proper growth. "The

Ibex Company" also has applied processes that are claimed to retard the growth of bacteria, which in time will destroy and eat up the vaccinial bioplasm. By this means they have produced a virus that has been kept successfully for eleven months. A specimen of this virus that had been kept for eleven months was employed in vaccinating a person and the result was superior to that obtained from a quill of a celebrated brand that had been taken from a calf the day before. Both were used on the same arm.

I cite this merely to note this scientific advance. As good vaccine has a great influence upon its use, so will the increased knowledge and production of other germs affect the diseases of the future. I may not live to see it, but I believe that the day will surely come when practice will be as much preventive as remedial. An increased knowledge of the germs of disease and their methods of entering the system and propagating there, will divide them into classes. We know that after the system has passed through certain changes induced by a disease which we may term scarletina, pertussis, variola, or any of these contagious visitations, it will resist another attack of the same malady. We also are aware that a mild attack is equally potent with a severe one, to prevent a recurrence of the disease. The question to be solved is already agitating the scientific world. Whether this visitation like vaccinia may not be produced intentionally in a mild form, and thus insure the person against a deadly attack at some unexpected future moment? The germs to be destroyed are another class to be considered. That, too, in connection with therapeutics where a form of disease is shown to be due to the presence of a germ in the system, can not that germ be reached and destroyed? The discovery of the bacillus as the germ of phthisis pulmonalis may be reckoned in this connection. But especially will this concern the great question of sanitary conditions. The hygiene of cities, pure air, pure water, proper plumbing and ventilated dwellings.

The physicians of the future must be investigators and have knowledge necessary to enable them to advise how to prevent the inroads of disease. To do this the medical attendant must have a thorough knowledge of germs, and must recognize how potent a factor they have become in their relations to the diseases of the future. Baths, diet, and regimen, all will be influenced by the knowledge of these same germs, and familiarity with the microscope and its teachings will be much more necessary to insure success, than stubborn adherence to any code of ethics, or trades union policy, to assist in spreading such a mantle of community over ignorance that the public will not fail to pierce its folds. Therapeutics is admittedly far behind the other branches of medical science, and there are many directions in which the action of drugs can be only limited. But in this connection a knowledge of the germs and their tendencies and peculiarities, must broaden the scope and facilitate the application of what knowledge we do possess, and lead to the acquisition of still greater. In every way, and by every course that science opens to the investigator, the relation of germs to the diseases of the future, must be admittedly the most important of any known factor of the present age.

LVI.

Report of the Bureau of Climatology.

By A. P. THROOP, M. D., Chairman, Poughkeepsie, N. Y.

The Bureau of Climatology would respectfully report that they have endeavored to obtain facts and the opinions of observing men from different sections of our State upon two of the diseases that are conceded by all to owe their origin very largely to climatic influences.

It was hoped that this plan, by making the object of the bureau more practical, would enlist the active coöperation of those who might think its title too vague for them to see its utility, on the one hand, or its scope too extensive for them to know where best to direct their efforts, on the other.

The poor sufferers from rheumatism or bronchitis who foretell a change in the temperature or humidity of the atmosphere with such precision as to make them weather indicators, think our bureau an intensely practical one; while the casual salutations of friendship recognize in their almost invariable allusion to rain, wind, or sunshine, how potent are these factors in the comfort or distress of the human family.

In fact the very triteness of its theme makes its study embarass.

To make its consideration practical, and to confine its scope within reasonable limits, therefore, the following questions were sent early in the year to each member of the bureau:—

"What are your observations upon the prevalence and causes of pneu-
"monia during the Winter and Spring of 1883; and what do you deem to
"be the causes for the wider prevalence, during the past few years, of in-
"termittent and malarial fevers?"

"Information on other topics connected with our bureau, and any suggestions, are solicited."

The promptest answer to these questions came from Dr. Horace M. Paine,* and it was in ample time for the semi-annual meeting.

Dr. C. D. Hale, of Syracuse, represents the central part of the State in a carefully prepared paper,† while Dr. O. Groom, of Horseheads, Chemung County, responds for the "Southern-tier," promising a paper on "The Air—What we Know about It, and What we Do not Know about It," expressing the hope that his paper will elicit discussion—a recognition of duty performed, which, we will suggest in parenthesis, should be accorded to every one who takes pains to select and arrange facts for presentation to a learned society.

Dr. D. E. Spoor, of North Creek, Warren County, answers, promising a paper for a sister bureau.

The extreme northern, western, and seaboard portions of the State,

* See page 75 of this volume.

† See Chapter LVII. of this volume.

The report on Climatology is not printed together because Chapters LVI. and LVII. were not received until the volume was more than half printed.—ED.

eminently important localities, and represented in the bureau by the *names* of able appointees in Ogdensburgh, Buffalo, and New York City, are not represented in this report, though it should in justice be stated that one of these gentlemen found time to acknowledge the receipt of communications.

Especial mention should be made of Dr. A. W. Holden, of Glen's Falls, who, upon solicitation, though not a member of the bureau. promises, from an enthusiastic love of the subject, a paper for next year on "The Epidemic and Endemic Diseases of the Valley of the Champlain."

Those who will recall the interesting paper from the graceful pen of Dr. Holden, in the Transactions of 1876–7, will appreciate the treat in store for them.

It is not deemed proper to close this report without an appreciative acknowledgement of the very valuable labors of the veteran climatologist of this society, whose faithful work for several years has enriched its volumes of transactions. It is not necessary to say that reference is made to Dr. A. R. Wright, of Buffalo.

We close our report with the single suggestion that it would seem that atmospheric, terrestrial, and geological influences which enter so largely into the composition of what we call climate, and which are such important factors in the character and prognosis of disease should be made the the subjects of careful study by the accomplished healer of human maladies.

LVII.

Report on the Climate of Onondaga County.

By C. D. HALE, M. D., Syracuse, N. Y.

For Bureau of Climatology, 1884, A. P. THROOP, Chairman.

The surface of Onondaga County is exceedingly varied. Although it is said that we have the highest inhabited tillable land east of the Rockies, we have also many swampy tracts. While in some parts it is rough, uneven and rocky, in others the surface is level, and the soil of a rich, sandy loam, and very fertile. The northwestern part of the county is traversed by the Seneca River, which drains a low, marshy district. On the border of Oneida Lake is an extensive swamp named after the ancient Cicero. The banks of Onondaga Lake are low and swampy. It is the outlet of Onondaga Creek, a sluggish stream scarcely draining the valley through which it passes. The city of Syracuse is situated on both sides of this stream and on the borders of its outlet into the Lake. The city sewerage mostly empties into the bed of the creek, as well as a great amount of offal from numerous villages and factories along its course outside the city limits; and this "meanders" pleasantly on, "singing to the sea," unmindful of its odor or of its wealth of disease-

producing germs. The city itself was formerly a swamp, hemmed in on the sides by hills—a swamp which has not even yet been entirely reclaimed. Underlying this is a quicksand formation, in some places of 20–25 feet before solid foundations are reached for a superstructure to rest securely. The city water supply is taken from the creek, pumped into a reservoir, and thus fed to the residents. It cannot be successfully maintained that this water used for drinking and culinary purposes is essential to the health of the city, although a high price is paid yearly for the privilege of its "benefits."

Nevertheless in spite of these things. generally accounted as detrimental to health, the rate of mortality of this city is quite low compared with that of other cities of the State and nation. What influence the large area of salt vats and the steam from salt boiling may have, is still an open question, but generally supposed to be favorable to health. Of course the damp atmosphere and sudden changes of temperature predispose toward catarrhal diseases the year round. Phthisis is fearfully prevalent, taking the lead in mortality.

We have our share of all the diseases known to this climate, but nothing peculiar thereto, unless it may be the one about which so much has been said and written, viz.: malaria. In fact, few of the people of the city are entirely free from its influence. If it does not cause, at least it *aggravates* nearly every diseased condition. I will not stop to discuss its origin—whether cryptogamic, the offspring of our open sewer, the creek, the use of its waters for ordinary purposes, or merely an aggravation of "Natrum Muriaticum" from the close proximity of the salt vats and salt boilers. Be that as it may, it penetrates each fibre, muscle and nerve. The very animals lose their elasticity, and become angular and awkward in their movements. The physician who best comprehends and realizes this state of things, and with proper remedies treats the disease to which he is called—*also* using anti-malarial remedies—succeeds the best.

An astonishing amount of the different salts of Chinchona are dispensed by our druggists on the prescription of physicians of all schools, and without prescription at all. Whatever of typhoids have made their appearance for some years are largely due to the indiscriminate use of Quinine to combat the malarial poison. Seldom do we find a pure intermittent. I have not heard of one in a residence of five years. The typical chill, heat and sweat on alternate days, has "gone west," and the masked form remains, often taking most "ungovernable shape." For this reason Arsenicum proves itself a standard remedy from a homœopathic standpoint, reaching more cases than all other remedies. Bry., Gels., Eup. Puf., Pod. and Veratrum Vir. are also very important remedies.

Malarial neuralgia, malarial rheumatism, malarial pneumonia, typhomalarial, malarial dyspepsia, and *Quinine*, is about the only language heard among our allopathic friends. However, while a goodly number of physicians are handsomely supported in the county, the fact remains that few patients, comparatively, die; the rate of mortality being as low as in any section of equal size and population in the Union.

LVIII.

A. Cooke Hull, M. D., Brooklyn N. Y.

By SAMUEL B. BARLOW, M. D.

From the Necrological Report in the Transactions of the American Institute of Homœopathy for 1870.

The subject of this memoir was born in Utica, N. Y., August 2d, 1818, the son of a distinguished surgeon in that part of the state—Dr. Amos G. Hull. He early acquired a fondness for the profession of which he was to become so useful a member. He received a thorough classical education at Union College, and graduated in 1840 at the college of Physicians and Surgeons of New York City.

Removing to Brooklyn in the following year, he commenced practice as a homœopathist, and was at various periods partner with Drs. John F. Gray, (his brother-in-law,)the late Robert Rosman, the late John Barker Talmadge, and, at the time of this decease, with Dr. Sumner. Few there were who possessed his skill and acumen in diagnosis, prognosis, and therapeutics. His signal success in securing the confidence and patronage of many of the most cultured and accomplished citizens of all professions, in all the walks of life, and permanently retaining them, was a testimonial during his lifetime of their estimate of his professional abilities and skill. The merchant prince, the astute lawyer, the scholarly clergyman, brokers wise in finance, members of congress, and the intelligent of all classes were his patients and friends, and all bear cheerful testimony of their profound appreciation of him in all the relations of life. He performed his professional duties to the best of his skill and science, and then, often, when he should have sough rest for the morrow, he gave his time and energies to the public enterprises of the city.

He entertained jealousy towards no one, was ever courteous and helpful to his associates, desiring that all should attain success and eminence, mindful of the dignity and claims of his chosen profession, wise in council, able, liberal minded, and successful in practice. Loved by the poor, honored by the wealthy, revered by his patients, respected by the profession of which he was member, he sacrificed his life for the benefit of others. Sitting on his cottage porch surrounded by the members of his family, looking out on his pretty lawn, the beautiful valley and the glorious Catskills that he so much loved, he passed away from earth, peacefully and hopefully— a Christian physician—on the 2d or 3d day of July, 1868, aged 49 years and 11 months. His remains were interred on Sunday, the 5th of July, in the village church-yard at Catskill-on-the-Hudson, where he died.

LIX.

Benjamin Franklin Bowers, M. D., New York City.

From Cleave's Cyclopedia of Homœopathic Physicians.

Benjamin Franklin Bowers was born in Billerica, Mass., September 30th, 1796. His parents were Benjamin and Silence Stickney Bowers, the former of whom was descended from an old Massachusetts family which settled in Cambridge, in that State, in 1630. His maternal grandfather, Major Jonathan Stickney, raised a company of men, of which his father was one, and joined the Continental Army at Cambridge. His father, with an elder brother, also served in the army at Crown Point and Ticonderoga.

His primary education was received at the public schools and academies in Massachusetts, and from private tuition. He was fitted for college by the Rev. Nathaniel Whitman, and entered Brown University, Providence, R. I. He was obliged to leave college on account of ill health, and studied medicine with his brother, Dr. Josiah Bowers, at Huntington, L. I., taking his degree from the Medical Department of Yale College, in 1819. He succeeded to his brother's practice in Huntington, where he remained till 1837, when he removed to New York City, associating himself in practice with Dr. B. F. Joslin, both partners following the allopathic method of treatment. He was appointed assistant physician to the New York Centre Street Dispensary, in 1839. At this time he was surprised to learn that gentlemen of the highest standing for learning and sound judgment were consulting homœopathic doctors, and he determined to expose the homœopathic humbug effectually, by making himself acquainted with it, and testing it in a way that its adherents must admit to be fair and conclusive. The result of his experiments made with scrupulous care and the greatest precaution against deception, was his own unwilling conviction of the truth and importance of homœopathy.

For trying homœopathy in his private practice, he was turned out of the dispensary by the authorities of that institution, in 1840. In 1847, he was appointed physician to the Protestant Half-Orphan Asylum, which had been under homœopathic treatment for five years previously; a position he held for years. The rate of mortality has been less than one to three as compared with the average mortality of all the allopathic asylums.

Since 1839, he has been an active practitioner and propagandist of homœopathy, and with good results. In 1836, he was married to Miss Lydia Platt Titus, of Troy, N. Y., "widely known and warmly loved," with whom he lived happily until her death, which occurred in 1873. They had no children. He is a life member of the New York Historical Society, a member of the County and State Homœopathic Medical Society, ex-President of the County Society, and one of the founders of the American Institute. He published, about 1830, a description of a

spotted or piebald negro. His contributions to homœopathic literature have been numerous and valuable. In "Reasons why Homœopathy should Receive an Impartial Examination from the Medical Profession and the Public" (*Homœopathic Examiner*, Vol. I., New York, 1846), he puts forward the proposition that the effect of medical agents is owing to their great divisibility, in the following form: "When a substance has "become so diluted and attenuated as to be no longer discoverable by the "most powerful microscope or the most delicate chemical test, it may still "produce dangerous effects upon the animal organism, and even destroy "life. Witness malaria and contagions, which probably owe their power "of producing disease in part to their subtility and divisibility; whereas, "could they be brought into sensible masses, and retained by a strong cohe-"sive attraction as that which holds a mass of silex, they might become "as inert."

He has also published a letter to Dr. Stearns, President of the New York Medical Academy, with many other articles, mostly of a polemical nature; an answer to Dr. Lee's attack on homœopathy; an admirable address delivered before the County Society, in memoriam of the late Dr. B. F. Joslin; an address, in 1866, before the New York County Society, "Opposition to Homœopathy in New York"; also, reports of the asylum to which he is a physician, full of valuable statistics establishing the superiority of the New System. Much praise was accorded to him for this effort, as well as a vote of thanks from the institution. He has also given to the public a valuable paper on the "Relations of Homœopathy to Surgery," containing some very interesting cases; one a case of fracture of the femur in a young man, treated about three months in the Broadway Hospital unsuccessfully, in spite of predictions of an eminent professor (Dr. Parker, of the New York College), to the contrary, was cured perfectly, the patient being able to serve in the army during the war.

During the time that New York was scourged by the cholera, he drew up reports and an exposé of the tricks by which the old school journals sought to mislead the public mind with regard to the homœopathic mode of treating this disease, gaining much personal credit for the same, as well as a victory for the cause.

On the creation of a Board of Health for the Metropolitan District, in 1866, the homœopathists claimed the appointment of one Commissioner, as due to their intelligence, wealth, and influence, and the Homœopathic Society nominated Dr. Bowers for the position. He was in active practice many years, and although past seventy-seven, looked less than sixty at the time of his decease. Modest and retiring, full of instructive conversation, a pattern of gentleness and kindness of heart, he was universally and deservedly beloved. In one of his papers he says, "No one can "worthily practice the divine art of medicine who does not rise above "mere pecuniary considerations."

He died in the month of February, 1875. His example as a Christian, a philanthropist, and exemplar of professional zeal and application, are earnestly commended to the emulation of the fraternity.

LX.

Israel Shipman Pelton Lord, M. D., Brooklyn, N. Y.

From Cleave's Cyclopedia of Homœopathic Physicians.

Israel Shipman Pelton Lord was born in Hadlyme, Conn., September 16th, 1805. His parents were of high respectability, and in very easy circumstances. His mother, whose maiden name was Beckwith, was descended from Admiral Sir Francis Drake, whose name and deeds are conspicuous in the annals of the British Navy. In 1811 the family removed from Connecticut to Sag Harbor, Long Island; a year or two after to Utica, N. Y., then only a small village; and in 1818 to the town of Collins, in Erie County of the same State; and in 1818 to Middleburg, Genesee County, near Wyoming. In Middleburg he entered the Academy, and continued his connection with it until his graduation in 1826. In that year he began the study of medicine with Dr. Frederick Fitch, of Le Roy, N. Y. From 1828 to 1830 he attended lectures in Fairfield, N. Y. In the spring of 1830 he took charge of fourteen students in medicine, in the office of Dr. Elijah Park, of Vernal, Genesee County, and though comparatively young, gave direction to their studies. Here having plenty of patients, with horses at his command, he made himself familiar with the details of practice, of which, as there was no clinic at Fairfield, he had known little experimentally. At the County Medical Society's annual session of that year he read a paper "On the Use and Abuse of Blisters;" and subsequently one "On the Use and Abuse of Emetics." Treatises on these subjects were greatly needed at that time, when blisters and emetics were considered as the most useful appliances of a physician's treatment of his patients. In February, 1831, he settled in the town of French Creek, Chautauqua County, arriving there on the day of the great total eclipse. On September 19 of this year he married the fifth daughter of the Hon. Isaac Wilson, of Middleburg, Genesee County, New York. Suffering from the ague, which threatened to undermine his constitution, he removed to Attica, and entered into partnership with Dr. E. Park. In April, 1834, he started for the West, and reached Chicago—then a bed of mud, with but a few scattering houses—in May. Passing on, he made a claim on the Dupage River, twenty-nine miles west from Chicago, at a place since called Warrenville. Here, where ague and fever of their worst types were very prevalent, his labors were incessant by day and by night, he riding from thirty to forty miles in all directions. He had no competition in this field, but his practice was too fatiguing, and concluding to circumscribe his field he went to Chicago, which was then growing rapidly, and had almost attained the dimensions of a city. Here he purchased eligible lots, and erecting a house, prepared to commence the practice of his profession. But the lack of patients, followed by the financial crisis caused by the great fire in New York, compelled him to

leave, and he removed to Warrenville, where he resumed his old practice. In 1838 he discovered a method of reducing quicksilver for blue mass, by trituration, at one-tenth the cost of the old method. After manufacturing a ton and a half of blue pills with a machine of his own invention, he abandoned it, and the secret of this discovery he has never disclosed. An alarming attack of illness, in which his attendant physicians were unsuccessful, confirmed his belief that the fewer and simpler the medicines in use, the better. He now confined his practice to a very limited number and quantity of the drugs in use, and was virtually a homœopothist. He was indebted to Dr. E. S. Smith, of Chicago, for a copy of Hahnemann's "Organon," which was accompanied with some valuable advice. He read the book, but did not follow the advice, and had almost made up his mind to abandon the profession. His friend, Dr. Smith, advised him to continue and to use the homœopothic remedies. In these he was successful. In 1849 he started for California. The cholera was prevailing fearfully along the overland route; and so successful was his treatment that but one case died, and that was an infant. In California the disease was exceedingly fatal. In its treatment the homœopathic practice was uniformly successful. After traveling in all parts of the States, he sailed for the Eastern States on the 15th of February, 1851, returning to his old place and practice; and in 1861 went again to Chicago. Here in five years he built up a large and successful practice, but suffering greatly from a persistent cough, he removed to Poughkeepsie in 1867; and in 1872 removed to Brooklyn, where he was engaged for many years in successful practice. Dr. Lord was a thorough homœopathist, repudiating in his practice all blisters and emetics, and giving the finest attenuations which will reach the disease in hand. A temperance man from principle, he never under any circumstances used or prescribed intoxicating drinks, and carried out his total abstinence principles in the matter of tobacco. In his ecclesiastical relations he was a member of the Baptist Society for twenty-five years, and in 1853 transferred his membership to the Society of the Disciples, or Campbellites. Dr. Lord's contributions to medical literature have been quite numerous and very popular. Chief among them are an essay on the "Abuse of the Obstetric Forceps;" one "On Alcohol;" a review of "Hale's New Remedies;" a report on "Materia Medica," presented to the Illinois Homœopathic Medical Society; and a paper on "Typhlo-Enteritis," contributed to the *United States Medical and Surgical Journal.* In 1871 he published an octavo volume of 350 pages, on "Intermittent Fever." This work, which is largely clinical, is based upon notes and data accumulated during many years' experience. It is an original and invaluable monograph. Dr. Lord's intense hatred of shams led him to gather a large storehouse of facts upon which his ideas of practical medicines were founded. For twenty-three years he took a verbatim phonographic report of every case of every disease for which he had prescribed, all the conditions and circumstances pertaining thereto, as well as the medicines given. Their attenuation and repitition were carefully noted down at the bedside. These were so carefully copied by

his own hand that he had, at the time of his death, seven large folio volumes, or 4,000 pages of manuscript, which it is hoped will one day be available to the profession. Dr. Lord's name was dropped from the roll of membership of the American Institute of Homœopathy in the year 1877, and it is presumable that he died during that or the preceding year.

LXI.

Henry F. Adams, M. D., Canastota, N. Y.

From Cleave's Cyclopedia of Homœopathic Physicians.

Henry F. Adams, was was born in Lafayette, Onondaga County, N. Y. He was educated at the common schools, but desirous of a more complete education than could there be obtained, he by persevering effort, working by day and studying at night, became familiar with ancient and modern history, and acquired a good knowledge of all the common branches. At the age of sixteen he entered a store at Salina, as clerk, and remained there until twenty-one. In July, 1852, he married Miss Sarah Case, of Syracuse, and soon after engaged in mercantile pursuits at Chicago, but the following year sold his business, and began the study of medicine under the direction of Dr. H. R. Kelsey, of Chicago, and graduated at the New York Central Medical College in March, 1855. But, being offered an advantageous business connection, he accepted, and was again for three years engaged in business pursuits. In August, 1859, he resumed his medical studies, and practiced at Newburg, Orange County until November, 1861, when he moved to Syracuse. In September, 1862 he was commissioned Assistant Surgeon, and served in the Union Army until the close of the war, and was for meritorious service brevetted major, United States Volunteers. In July, 1865 he established himself at Canastota, where he was the first to introduce the homœopathic system of practice. Dr. Adams' name is first reported in the transactions of 1880-81 as among the deceased members, so it is assumed that he died in 1880.

LXII.

Albert E. Sumner, A. M., M. D., Brooklyn, N. Y.

The subject of this memoir was a representative of an old and highly respected family, his father, Hiram F. Sumner, having been a publisher of Hartford, Conn., and a man of superior literary attainments. His mother, whose maiden name was Caroline Conant, of that city, is still living. He was born in the city of Hartford, Conn., on the 28th day of

November, 1840, and hence was in the 42d year of his age at the time of his decease. His classical education and preparatory training were received in the very superior local schools of his native city, and he then entered Trinity College where he passed creditibly his freshman and sophomore years, and from which he subsequently received his degree in arts.

Having a strong preference and aptitude for the medical profession, he soon afterward joined the private classes of Dr. George S. Green, of Hartford, and of Drs. Doughty and Watt, of New York City. At a later period he entered the Medical School of the University of the City of New York, from which he received in due course his diploma as a practicing physician. He then decided upon adopting the tenets and practice of the homœopathic school of medicine, receiving through the courtesy of Dr. Guernsey, a position in the Home for the Friendless of New York City. At about the same time he formed a business copartnership with that eminent practitioner, Dr. John F. Gray, of New York, for the purpose of a general medical practice. At the outbreak of the great rebellion, in the spring of 1861, it was speedily perceived that the resources of the government in the matter of medical aid were quite inadequate to the exigencies of the times, and early in the fall of that year, a call was issued to the profession throughout the country for volunteers to go to the front and minister to the wants and needs of the sick and wounded and suffering of our brave and patriotic soldiers. Although even at that early period of his professional experience, he was reaping the rich rewards of a lucrative and constantly increasing practice, he promptly relinquished it at the call of his country, and accepted the position of surgeon in the Navy, on board of the U. S. Steamer *Corwin*. In this connection it is proper to record an incident so creditable to the man—so discreditable and characteristic of the hide-bound, narrow-minded, and bigoted examining boards of Army and Navy medical officers. It is related by H. D. Paine, M. D., in the memoir published in the last volume of the *Transactions of the American Institute of Homœopathy*:—

"After having passed his examination before the Navy Medical Board "satisfactorily, he was asked whether he were a homœopathist? To this "he promptly replied that he objected to the question, as not pertinent to "the examination, and when an answer was insisted on, he positively de-"clined to give it, and said, that if rejected for that reason, he should "appeal to the Secretary of the Navy. As it was known that the Sec-"retary was an old friend of the family, he was passed without objection, "and assigned to the *Corwin*, to the great satisfaction of the officers, "nearly all of whom proved to be homœopathists. After eighteen months' "service he resigned, and established himself in Brooklyn, associated with "the late Dr. A. Cooke Hull." The latter was one of Brooklyn's great benefactors, whose name is inseparably linked with many of its prominent institutions and charities.

At Dr. Hull's demise, Dr. Sumner succeeded to his practice and since that period was a resident of the corner of Joralemon and Clinton Streets. He was associated with, and an active participant in nearly all of the public and philanthropic enterprises of the city and vicinity, of which his

school of medicine and professional coadjutors were the originators or promoters. Thus he was one while a lecturer upon diseases of the skin, in the Homœopathic College of New York; Medical Director of the Brooklyn Homœopathic Dispensary, on Atlantic Avenue, and afterward one of the board of visitors and management of the Homœopathic Hospital, on Cumberland Street, which was the ultimate outgrowth and development of the former institution. He was also director of the medical department of the Homœopathic Maternity and Training School for Nurses, on Concord Street; attending physician of St. Peter's Roman Catholic Hospital, on Hicks Street; in 1874 First Vice-President of the State Homœopathic Medical Society, and about the same time was chosen one of the trustees of the State Homœopathic Insane Asylum, at Middletown, Orange County, N. Y. He was an esteemed member of the American Institute of Homœopathy; and several local organizations, societies and clubs were honored by his membership, patronage and attendance. Truly it is the busy men of the world who have the most leisure. A near friend who knew most of his inner and true life said, "He was a "welcome visitor wherever he went, and his presence was hailed with de- "light, both in the sick room, and in the social circle. His face and "voice to the feeble invalid were like rays of perpetual sunshine. And "his skillfulness as a physician and goodness and fidelity as a man will "ever be remembered by his friends. He possessed a certain personal "magnetism, which ever drew strangers to him, almost before they were "conscious of its cause."

His death occurred on the 31st of August, 1882. So sudden, so unlooked for had the summons come, it fell upon the community like a flash of lightening from a clear sky. A feeling of affright, an emotion of horror that one so young and full of promise, whose large-hearted and manly inspirations like a golden warp had been woven full with the sweet, fair blossoms and ruddy fruitage of noble deeds and kindly acts, should be so suddenly stricken down, pervaded all with a feeling of apprehension and insecurity, much like that experienced by city crowds when the tremulous earth vibrates with the throes of an earthquake, and tower and pinnacle, buttress and arch and massive piles of masonary topple in wild and mixed confusion, into one seething and sulphurous abyss. He died of apoplexy. Two previous attacks, from one of which he had recovered with difficulty had proved a warning to him, and prescient of his fate, he had predicted to his wife a twelvemonth before, that he was not likely to live three years, and that another such attack as the one above mentioned, would be likely to carry him off.

His funeral which was conducted after the solemn and impressive ritual of the Episcopal Church, was held at three o'clock, on the afternon of Monday, September 4th, 1882, at the Church of the Holy Trinity, corner of Clinton and Montague Streets. It was attended by a large number of sympathetic and sorrowful friends who assembled to testify their respect and tender regard for the memory of the deceased. A wife and three children survive to deplore his loss. Thus within a few brief months have passed away some of the most brilliant lights of our profession. Gray, Sumner, McClatchey, whose memories are wreathed in immortal splendor and beauty around the pillars of the Temple of Fame.

LXIII.

Daniel Starkweather Kimball, M. D., Sackett's Harbor, N. Y.

From Cleave's Cyclopedia of Homœopathic Physicians.

Daniel Starkweather Kimball, M. D., was born in Charlestown, Montgomery County, N. Y., January 7th, 1806. His ancestors, Henry and Richard Kimball, came from Ipswich, England, in the ship *Elizabeth*, in 1634, and settled in Ipswich, Mass. He was the youngest of five children, born to Elisha and Mary (Godfrey) Kimball; the latter being a lineal descendant of him of whom the poet wrote:—

> "To guide the sailor on his wandering way,
> See Godfrey's toils reverse the beams of day!
> Clear in his view the circling systems roll,
> And broader splendors gild the central whole!"

His father, Elisha, originally belonged to Stonington, Conn., and was drafted, furnished a substitute, and then served as a "minute man" in the revolution. In the eighteenth century, John Kimball, grandfather of this sketch, married into the Palmer family, of Preston City, near Stonington. Both families always occupied a high position, an in earlier days some of its members were called to representative posts. On his mother's side he is also a descendant of John Whipple, an early elder and representative of Ipswich, Mass., and Deacon Joseph Goodhue, and more recently, of the remarkable Jemima Wilkinson, founder of the Wilkinsonian sect.

Dr. Kimball was educated mainly in Auburn, Cayuga County, N. Y., in the Theological Seminary. In the spring of 1824, he commenced the study of medicine and surgery, under Joseph F. Pitney, M. D., of Auburn. He also attended, at the State Prison Hospital, one full course of lectures on chemistry, and a part of a course on anatomy and physiology. For the succeeding six months he studied with the noted Dr. Samuel Guthrie, of Sackett's Harbor, the first discoverer of chloroform in America. Then completing his studies with a full course of lectures on all its branches, at Fairfield Medical College, in the fall and winter of 1827–28, he was admitted to practice, and settled at Sackett's Harbor in the ensuing spring.

While a student with Dr. Pitney he performed an operation successfully upon his mother, for the relief of tic-doloreux, dividing the facial nerves. He performed another very successfully upon a poor girl lame with club-foot, and compelled to use crutches, enabling her to walk without any assistance. In 1832, before the process of making chloroform was made known, the idea of distilling chloride of lime and whiskey occurred to him, and on suggesting it to Dr. Guthrie, the latter said that the product would be his "sweet-whiskey," as non-concentrated chloroform was then called.

He had long suffered, by spells, with chronic rheumatism and with dys-

pepsia. In the fall of 1831 he was taken with hæmoptysis, for which he spent the winter in South Alabama. This he attributes, in part, to his adoption of Halstead's then, new method of treating dyspepsia, by agitating the abdominal viscera with the hands, which, by hastening the blood onwards, caused the lungs to be surcharged. Being still feeble, on his return in the spring he added the drug and prescription business and limited his practice mostly to the village.

For some time previous to 1842, he had observed and experienced the uncertainty of medicine as then practiced, and as homœopathy was at that time creating some excitement in the old world, in Philadelphia, New York City, and the central part of the State, he determined to make some examination of it. Finally he adopted the new system, after practicing allopathy for sixteen years. As he was then the only practitioner of homœopathy within seventy or eighty miles, his history from that date is the history of homœopathy in that section of New York.

He was one of the founders of the American Institute of Homœopathy, and continued a constant attendant upon its meetings, until the destruction of his property, on February 9th, 1850—a misfortune from which he has never entirely recovered. This occurred a few days after his return from delivering an address before the Central New York Homœopathic Society, for which the thanks of the society were formerly tendered. This society published a proving of Apis Mellifica, in 1852. In the spring of 1849, he received the honorary degree of M. D. from Geneva Medical College. The conversion of Drs. Seymour (now of Chicago), Dunning, and Wright (then of Watertown), Dr. Massey (now of Sandusky City), and of Dr. S. P. Cole, of Chicago, are due to him. During his allopathic practice he was pronounced, by Prof. A. Trowbridge, the best read physician in Jefferson County.

During the same period he acted for awhile as physician and surgeon for the United States garrison at Madison Barracks; was assistant surgeon in the New York State Artillery, under Colonel E. Camp, and afterwards Brigade Surgeon of the cavalry under General S. White. Being ignored by the allopaths in a pension case, he obtained from the United States the appointment of examining surgeon for pensions, which he held for some time. He has held the office of poor master and town clerk for several years. From 1833 to 1852 he was a member, and afterwards a warden of the Episcopal Church, but then became a spiritualist. He was a strong temperance advocate. In 1834 he married Emiline Sandifult, of Watertown, N. Y., and in 1866, Mrs. Susan A. H. Norville, then of Springfield, Mass., a remarkable clairvoyant, test, and trance speaker. He has published several provings of medicines, such as Hepatica Trilobata, Veronica Beccabunga, Gallic Acid, Tellurium, Rhus, etc., etc.

LXIV.

Benjamin Baird Schenck, M. D., Plainville, N. Y.

From Cleave's Cyclopedia of Homœopathic Physicians.

Benjamin Baird Schenck, M. D., of Plainville, N. Y., was born in Charlestown, Montgomery County, in the same State, on July 20th, 1809. His father, Rulof Schenck, of New Jersey, was of illustrious descent and German extraction. In 1815 he emigrated into the very wilderness, settling in the most northwestern portion of Onondaga County, accompanied by his wife, a daughter of Major William Baird, and his six children, to which number five were subsequently added. The subject of this sketch was the fifth child and second son. His early educational advantages were inconsiderable. At an early age his services were made useful in clearing the land and working the farm, his education being obtained at odd times in the common or district schools. Thus his life passed until his twenty-third year, when his health failing, at the urgent solicitation of a friend he entered the private school of T. W. Allis, Skaneateles, in November, 1832. He remained there for eighteen months, excepting a short period during which he taught a district school. In June, 1834, he attended Homer Academy one term; taught a select school during the winter of 1834–5, and in the following spring began the study of medicine under James H. Skinner, M. D., in Plainville, and attended his first course of lectures at the College of Physicians and Surgeons, Fairfield, N. Y., in 1835–6. In the succeeding spring he followed his preceptor to Hannibalville. Oswego County; taught the village or district school that summer, and in the winter attended lectures at the Geneva College, N. Y., taking his final course in the winter of 1837–38; graduated from Geneva College on February 10th, 1838. He began practice in Plainville, N. Y., desiring to be near home, because his health had not greatly improved during the five years and a half of his pupilage, and his strength being unequal to a large practice. He soon monopolized the entire patronage of his vicinity. In 1844 he united with the Christian Church in that place, and four years subsequently, at the urgent solicitation of his friends, he was ordained a minister of the gospel by its Conference. His general health improving, he preached and practiced. As he presented the Scriptures in a literal light, his early popularity waned, and he was dropped from the list of preachers as "out of harmony with the church," by the Conference, in 1852. Some three years previously he had commenced an examination of homœophathy by reading Hahnemann's "Organon" and Hartman's "Acute and Chronic Diseases." Continuing his investigations patiently through 1849 and '50, he early in 1851 adopted homœopathy as his mode of practice, carrying with him into the new school all but two of his former patrons. In 1852 he took his brother-in-law, who had been his student for three years, into partnership, and in two years retired in his favor. Then he entered into mercantile business, but the crisis of 1857

and the war seriously embarrassed him. His brother-in-law having removed to Memphis, N. Y., he was prevailed upon to resume the practice, which continued to grow steadily.

In June, 1838, he married Harriet, daughter of Capt. R. Sullivan, of Seneca County. In the militia of the State he held a Lieutenant's commission for four years, and a Captain's for seven, and was then honorably discharged. From 1849 to 1853 he was postmaster at Plainville; was reappointed on November 2d, 1863, and held the position at the time of his death. He died at his home in Plainville, on Thursday, the 22d of March, 1883. He left a son and a daughter to regret his loss.

LXV.

Augustus Pool, M. D., Oswego, N. Y.

From Cleave's Cyclopedia of Homœopathic Physicians.

Agustus Pool, was born, March 30th, 1818 at Easton, Bristol County, Massachusetts. His fore fathers for a number of generations lived in Bristol. His father, who was an excellent mechanic, removed to Jefferson County, N. Y., when his son was three years old. The latter attended the common and select schools of the county until he was nineteen years of age. Then he taught school for three terms, and in the fall of 1839, went to Oswego, where he taught a select school during the following winter. In this city he formed the acquaintance of the late E. A. Potter, M. D., with whom he studied medicine according to allopathic laws, for four years; teaching in the public schools during the winter. At the close of his studies Dr. Potter, who had been investigating the doctrines of homœopathy, was so impressed with the truth of the system, that he adopted it. At his request, Dr. Pool remained with him, also making homœopathy his earnest and constant study.

As soon as the County Homœopathic Society was organized, recognizing the worth and qualifications of Dr. Pool, it bestowed upon him a diploma. He remained with Dr. Potter ten years, at which time they dissolved partnership, and Dr. Potter took his son into partnership. Dr. Pool practicing alone after the dissolution; and on the death of Dr. Potter, in 1867, took his office and most of his business in the city, where his skill and faithfulness secured for him a large practice and the respect which his energy and perseverence have so well deserved. He died on the evening of Wednesday the 9th, of August 1883, and his funeral, which was largely attended, was held at his residence No. 130, West 7th Street, the following Sunday afternoon.

LXVI.

Charles H. Carpenter, M. D., Troy, N. Y.

On the morning of the 23d September, 1883, the residents of the city of Troy, were greatly shocked at the announcement of the sudden death of one of its most prominent homœopathic physicians, namely, Dr. C. H. Carpenter; who died of valvular disease of the heart, superinduced by repeated attacks of rheumatism.

He was born in Pittstown, Rensselaer County, New York, February 22d, 1825. He received his medical diploma at the Albany Medical College, in the winter of 1857. He soon afterward adopted the views and theories of the new school of medicine, and practiced his profession in different parts of this State, until the spring of 1865, when he settled in the city of Troy, which was destined to be his future home.

Here, by his kindly nature and genial disposition, he very speedily endeared himself to all with whom he became acquainted. As a physician he was always found ready and responsive to his calls, attentive and assiduous in the care of his patients, discriminating in his diagnosis, and successful in his treatment. In due course of time he built up for himself the largest practice in the city, which he held with a sturdy tenacity and iron grip, up to the time of his death.

As a friend he was ever found steadfast and reliable, true as the magnet to the pole, firm as a rock, and faithful to the end. Massive of mold, rigid in stature, commanding, courteous, and prepossessing in his address, he was one of the very few on whom "ever God did seem to set his seal, to give the world assurance of a man."

Gentle as a woman, sympathizing as a seraph, his manhood like that of some chivalrous knight of the olden times, was always ready to extend his arm in aid of helplessness and distress, sickness, and suffering.

For several months prior to his decease he had enjoyed unusually good health; although occasionally complaining of a pain or distress in the cardiac region, which he was disposed to attribute to other causes than the real one, which terminated his earthly existence.

A widow and one son (Dr. C. E. Carpenter) survive him.

He was a valued member of the different homœopathic medical societies of the county, district, and State, and by all with whom he was associated, he was ever recognized as the judicious and reliable friend, the wise and trusted counselor.

His funeral was largely attended by the citizens of the city of his adoption, in token of their esteem and regard, and suitable resolutions of sympathy and regret were passed by the Rensselaer County Homœopathic Medical Society.

Thus, in the prime and vigor of a lusty manhood has passed away an honest, honorable, honored physician, who conscientiously and daily endeavored to live up to the full level of that rule and maxim of Sir Francis Bacon: "I hold every man a debtor to his profession; from the which

"as men of course do seek to receive countenance and profit, so ought "they of duty to endeavor themselves by way of amends to be a help "and ornament thereunto."

The following are the resolutions referred to in the foregoing memoir :

IN MEMORIAM.

At a meeting of the Rensselaer County Homœopathic Medical Society, held September 24, 1883, the following preamble and resolutions were unanimously adopted :—

WHEREAS, Our beloved associate, Dr. Charles H. Carpenter, has been transferred from the activities of life to the rest secured to the children of God, and

WHEREAS, In his death this society has lost an earnest advocate, his patrons a reliable guide, his friends one to be worthily mourned ; be it

Resolved, That by his sudden death we are admonished to increased diligence and faithfulness in discharging the duties of our profession, to which he was so ardently devoted.

Resolved, That we extend to the family and friends of the deceased our heartfelt sympathies, and the assurance that we shall cherish in kind remembrance our departed brother's worth.

Resolved, That a copy of these resolutions be presented to the family of the deceased, and that they be published in the *Troy Daily Telegram* and the *Troy Daily Times*.

C. G. CLARK, M. D.,
F. L. VINCENT, M. D.,
E. S. COBURN, M. D.,
Committee.

LXVII.

Charles E. Blumenthal, M. D., LL. D., New York City.

Compiled from the "Publishers' Record," and "New York Medical Times," for Nov., 1863.

Dr. Blumenthal, until lately editor of the *American Homœopath*, died at his residence, No. 54 West Forty-fifth street, on Thursday evening, October 11. Dr. Blumenthal was born in Hamburg, Germany, about eighty years ago ; but the exact date is not known. It was a point upon which he was very sensitive, as he desired to be thought much younger than he was. His father was a Prussian, but his mother's family were Scotch. He received his education in the Lyons (France) Gymnasium, and earned his doctorate at Berlin. His uncle, Gen. Blumenthal, was a distinguished officer in the French army. Dr. Blumenthal had been trained by the Jesuits, and was intended for the church; and the reverend fathers predicted that he would reach distinction either as a priest

or a heretic. He left Germany for political reasons, and entered the service of one of the governments of Central America, where he served as Captain. Later he removed to Charleston, S. C., and began practice as a physician of the old school. In 1848 he was elected to the Professorship of Oriental and Modern Languages in Dickinson College, Carlisle. He was familiar with Hebrew, Arabic, and Sanskrit, and with many modern languages. He preached for some time while at Carlisle, to a Lutheran congregation, in the Methodist church, to which he belonged, and was also admitted to the bar as a lawyer. He translated "The Life of Christ," by Neander, and also a "History of the Christian Church," by Dr. Hase. He was also the author of a popular work on Mythology, and contributed to various periodicals, among which was the *Medical Times*. He established himself in New York twenty-five years ago as a homœopathic physician, and soon obtained an extensive practice and formed a large circle of acquaintances. He was a member of the New York County Homœopathic Society, of which he had been president. In 1878 he was elected a member of the New York State Homœopathic Society. He held a high position in the order of the Knights Templars of Pennsylvania, having received the eighteenth degree in the Scottish rite. He was a past commander of the Mary Commandery, of Philadelphia, a delegation of whose members came on to the funeral. About ten years ago he married a Mrs. Lottimer, who survives him. He was a very reserved man, though free enough among the few whom he accepted as friends. He took up the idea of cremation of the dead with fervor, arguing that in every sense cremation was the best method of disposing of the dead. He had been ailing for the last six weeks, yet his death took his friends by surprise. He was a man of vigorous physique, short, stout, thick-set and of dark complexion. A Lutheran in early life, he became an Episcopalian in this city. He attended the All Souls' Protestant Episcopal Church, and also had a pew in Grace Chapel. The funeral services were held at the house, on Sunday afternoon, October 14, and the body was subsequently taken to Washington, Pa., for cremation. The body was laid out in an upper room, arrayed in the full dress of a Knight Templar, the white-plumed chapeau resting upon his left breast. The Episcopal burial service was read by Rev. A. B. Carter, D. D., of Grace Chapel. There was no address made. The house was crowded to overflowing with members of the medical profession and of the Masonic order, beside a large number of personal friends and old patients. Dr. Blumenthal was a firm advocate of cremation, and was a charter member of the New York Cremation Society. After cremation the ashes were taken to Carlisle, Pa., and buried in the country cemetery, by the side of the grave of his first wife.

LXVIII.

Robert J. McClatchey, M. D., Philadelphia, Pa.

From Cleave's Cyclopedia of Homœopathic Physicians.

Dr. McClatchey was born in Philadelphia, April 6th, 1836, was educated at Nazareth Hall and the Academy of the P. E. Church in Philadelphia; entered the office of Dr. Wm. Tod Helmuth, the distinguished surgeon, now of New York; matriculated at and was graduated from the Homœopathic College of Pennsylvania in 1856. He was made Demonstrator of Anatomy in the college, the following year, and held the position two terms; devoted himself to private practice from 1858 to 1867. A portion of the time in Bethlehem; accepted the Chair of Anatomy in his Alma Mater in 1867, and while discharging its duties acceptably, lectured on clinical medicine. In April, 1868, he was made editor of the *Hahnemannian Monthly*, a journal of approved literary and scientific merits that he was associated with and edited for some years.

Dr. McClatchey was a ready and vigorous writer, and contributed extensively to homœopathic literature. He was Secretary of the Philadelphia Homœopathic Medical Society since its institution. Edited *Laurie's Homœopathic Domestic Medicine* and was elected General Secretary by the American Institute of Homœopathy, in this city, in June, 1871. His acquaintance with homœopathic physicians was unequalled, and he was esteemed by all as a practitioner, his distinguished success won for him a large and lucrative practice. The comparative youth, the thorough education, the eminent attainments and success of Dr. McClatchey has insured for him a brilliant career.

He died of apoplexy, on Monday, the 15th of January, 1883, after an illness of about fourteen hours. A widow and two daughters survive to mourn his memory and deplore his loss. To quote the language of a writer who evidently knew him well (*Hahnemannian Monthly*, January, 1883): "His keen wit, his acute sense of humor, his quickness at repartee, "his incisive manner in debate, his geniality, and his firmness in friendship, "will make his name a pleasant memory to those who knew him well in "life, until they shall join him on the other side. And the work that he "did for humanity, for science, for his profession, will live and grow and "bear rich fruit when the hand that pens, and the eye that scans these "lines shall have been forgotten. And so this journal pays its sad and "sorrowful tribute to the memory of him who, whether as editor, as con-"tributor, or as counselor—and he was all these—poured out his best gifts "in full measure, that the profession of his choice and of his love might "be lifted into higher honor and more abounding usefulness."

"Man is his own star, and the soul that can
Render an honest and a perfect man
Commands all light; all influence, all fate.
Nothing to him falls early or too late.
Our acts our angles are, or good or ill,
Our fatal shadows that walk by us still."

LXIX.

Obituary.

From the Medical Advance, December, 1883.

"DIED.—A. M. Woodruff, M. D., at Los-Vegas, N. M., of hæmoptysis. "The doctor went south a year ago to try the beneficial effects of a change "of climate for a disease of the lungs. He was evidently improving up to "the time of his sudden death. He was a very successful practitioner, "one we can ill afford to lose. He was interred in the family vault at "Ann Arbor, Michigan." Dr. Woodruff was an applicant for permanent membership in this society, and would doubtless have been elected had not his removal out of the state rendered him ineligible.

A. W. HOLDEN.

LXX.

Constitution and By-Laws of the Homœopathic Medical Society of the State of New York.

CONSTITUTION.

ARTICLE I.

Name and object.—This association shall be known as the Homœopathic Medical Society of the State of New York, and its object shall be the advancement of medical science.

ARTICLE II.

Laws of the State deemed a part of the Constitution.—The laws of the State of New York, regulating the practice of medicine and surgery shall be deemed a part of this constitution.

ARTICLE III.

Officers, when and how to be elected.—The officers of the society shall be a president, three vice-presidents, secretary and treasurer; all of whom shall be elected by ballot at an annual meeting.

Election of censors.—The society shall also, at an annual meeting, elect twelve censors, any three of whom shall constitute a quorum.

Votes of a majority necessary to a choice, and term of office.—At all elections of officers, the votes of a majority of the members present shall be necessary to a choice; their term of office shall commence at the

adjournment of the meeting at which they were elected, and shall continue for one year, or until the close of the annual meeting next succeeding the one at which they were elected, and until others are chosen in their places.

ARTICLE IV.

Duties of officers.—The duties of the officers shall be such as are prescribed by the laws of the State, and in addition thereto, such as may be from time to time designated by the by-laws.

ARTICLE V.

How constituted.—The society shall be composed of delegates from each county homœopathic medical society and homœopathic medical college in this State, and such other members as may be designated in the by-laws.

ARTICLE VI.

Annual Meeting.—The annual meeting of the society shall be held in the city of Albany, commencing on the second Tuesday in February in each year.

ARTICLE VII.

Quorum.—At any meeting of the society seven members shall constitute a quorum.

ARTICLE VIII.

Seal.—The Society may have a common seal, with a suitable device and inscription.

ARTICLE IX.

Amendments.—This constitution may be altered or amended by a vote of two-thirds of the members present, provided that notice of such alteration or amendment shall have been given in writing at the previous annual meeting.

BY-LAWS.

SECTION 1.

Duties of the president.—The president shall preside at the meetings of the society, preserve order therein, put all questions, announce the decisions, appoint committees not otherwise ordered; receive and pay over to the treasurer the sum of ten dollars for each diploma granted by the society; direct the secretary to call extra meetings on the written request of any seven members explaining the reason for such action; deliver an address at the semi-annual meeting, or procure a substitute, and perform such other duties pertaining to his office as may be required of him by the society.

SECTION 2.

Duties of the vice-presidents.—It shall be the duty of the vice-presidents, in the absence of the president, to perform, in the order of election, the duties of that officer.

SECTION 3.

Duties of the secretary.—It shall be the duty of the secretary to provide a book in which he shall make an entry of all resolutions and proceedings which may be had from time to time, also the name of each and every member of said society, and the time of his admission; preserve all documents belonging to the society; divide the delegates into four classes in compliance with ninth section of these by-laws; give notice of all meetings, and deliver to his successor in office all books and papers belonging to the society.

SECTION 4.

Correspondence.—It shall be the duty of the secretary to receive and lay before the society all communications addressed to it, and generally to conduct the correspondence of the society; notify bureaux and committees of their appointment; notify the secretaries of the respective county societies whenever there are vacancies in the list of delegates, and perform such other duties pertaining to his office as, by a vote of the society, may devolve upon him.

SECTION 5.

Duties of the treasurer.—The treasurer shall receive and be accountable for all moneys belonging to the society, pay out, on the warrant of the president, such sums as may be agreed upon at the annual meeting, and report in writing at each annual meeting.

SECTION 6.

Duties of censors.—It shall be the duty of the censors to examine carefully the credentials of all applicants for membership that may be referred to them, and determine whether the applicant has proper qualifications for permanent membership in the society, the votes of a majority of the members of the board of censors present at any annual or semi-annual meeting being a prerequisite to the election of a candidate.

SECTION 7.

Executive board.—The president, vice-presidents, secretary and treasurer shall constitute the executive board, whose duty it shall be to make arrangements for the meeting of the society, arrange the business of the sessions, attend to matters of business not otherwise specially provided for, and perform such other duties as may, by vote of the society, devolve upon it. This board shall also constitute the advisory committee of publication, to whom shall be referred all papers, *the publication of which is deemed by the secretary and chiefs of bureaux of doubtful expediency.*

SECTION 8.—BUREAUX AND COMMITTEES.

Materia Medica.—There shall be a bureau of materia medica and provings, which shall obtain facts relating to the materia medica, and institute and collect and arrange provings of the drugs. There shall be, in connection with this bureau, a department of pharmacy.

Clinical Medicine.—There shall be a bureau of clinical medicine, which shall collect facts relating to clinical medicine generally, and especially to any epidemic or endemic diseases which may exist in the State.

Obstetrics.—There shall be a bureau of obstetrics, which shall collect and report to the society facts and observations on subjects pertaining thereto.

Surgery.—There shall be a bureau of surgery, which shall report all improvements in surgery.

Mental and Nervous Diseases.—There shall be a bureau of mental and nervous diseases, which shall collect and report facts relating especially to such diseases.

Gynæcology.—There shall be a bureau of gynæcology, which shall report to the society all items of importance in that department of medical science.

Pædology.—There shall be a bureau of pædology, which shall report facts and deductions in treatment of diseases of children.

Ophthalmology.—There shall be a bureau of ophthalmology, which shall report all improvements in that branch of science.

Histology.—There shall be a bureau of histology, which shall gather and report facts in histology.

Climatology.—There shall be a bureau of climatology, which shall report on the climate of different localities, and the influence of climates on health and disease.

Vital Statistics.—There shall be a bureau of vital statistics, which shall report all items of comparative mortality and such other facts as pertain to the subject.

Medical Education.—There shall be a committee on medical education, which shall report all progress in the elevation of the standard of education.

Societies and Institutions.—There shall be a committee of societies and institutions, which shall keep a register of all homœopathic physicians of the State, prepare a list of all societies and organizations, and collect statistics regarding the status and progress of homœopathy. There shall be in connection with this committee a department of necrology.

Appointment of.—Each of these bureaux and committees shall consist of as many members as the president of the society shall see fit to appoint—not less than three—who, with the exception of the chairman, shall be appointed annually by the president, with the advice of the other members of the executive board.

Papers and reports presented to the society shall be referred to their respective bureaux to be prepared for publication. *Each chief of a bureau shall be personally responsible for the printed report of his bureau.*

Chairmen of similar bureaux in county societies shall be *ex-officio* corresponding members of these bureaux.

SECTION 9.—MEMBERSHIP.

Ratio of delegates from county homœopathic medical societies.—Each county homœopathic medical society of this State is entitled to elect as many delegates to this society as there are members of Assembly to their respective counties.

From each homœopathic medical college.—Each homœopathic medical college in this State may elect one delegate to this society.

Delegates to be divided into four classes.—Delegates to this society shall be divided into four classes, one of which shall go out of office annually; and it is hereby made the duty of the secretary to classify them, so as to keep the number as nearly equal as possible.

Permanent members.—Any legally qualified physician may be elected a member of this society upon written recommendation of three permanent members. Nominations shall be received at an annual or semi-annual meeting, and being referred to the censors shall come up at the following annual meeting. Those physicians recommended by the Board of Censors shall be balloted for, and all who receive a majority of the votes of the members present shall be declared elected. When the application is presented, the candidate shall sign the following statement: I request membership in the Homœopathic Medical Society of the State of New York, and I agree, if elected, to pay my annual dues to the society. I hereby acknowledge that I believe in the law *Similia, Similibus, Curantur.*

Privileges of.—Persons so elected shall be entitled to all the privileges of membership.

Six honorary members may be annually elected; previous nomination required.—The society may elect honorary members, non-resident of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Before election reasons shall be stated to the society for conferring the honor.

Privileges of.—Honorary members shall not be entitled to vote at the meetings of the society, or be subject to taxation.

Honorary degree of doctor of medicine to be conferred by Regents of the University; who are eligible to nomination.—The Society may annually recommend the names of four persons to the Regents of the University for the honorary degree of doctor of medicine; provided that the person so recommended shall possess good moral and professional standing, shall have attained the age of forty-five, years, and shall have received not less than two-thirds of the votes of the members present at any annual meeting. The mode of nomination shall be as follows: Names shall be presented in open nomination, and be referred to a committee appointed for the purpose, which shall report after the election of officers; the number to be voted for at one ballot shall not exceed four, and the names of those only who shall have received two-thirds of the votes of the members present shall be presented.

SECTION 10.

Fees.—The dues from each permanent member shall be five dollars for the first year, which shall include the certificate of membership, and three dollars for each subsequent year. From each county society there shall be due three dollars for each delegate to which the society is entitled. All dues shall be declared due and payment of the same to the treasurer of the society be required within thirty days succeeding the annual meeting. Any member in arrears shall not be entitled to the privileges of membership. Any member five years in arrears shall be dropped from the roll and not be eligible for reëlection until all arrearages are paid. Each permanent member not in arrears for dues shall be furnished with one copy of the transaction of the society, without further cost, and each county society as many copies as it pays "fees" for delegates.

SECTION 11.

County Societies; duties of the secretaries of the county societies.—The secretaries of each of the county homœopathic medical societies in this State are requested to furnish the secretary of this society, on or before the first day of January of each year, a report consisting of:—

1. A list of officers and members of their respective societies with their addresses in full.
2. Biographical notices of any who have died during the previous year.
3. The time of holding annual and regular meetings, together with a list of all medical committees, and a complete copy of the proceedings of each meeting.
4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

SECTION 12.

Nominations.—At each annual meeting, the nomination of the officers of the society, chairmen of bureaux, delegates to other societies and honorary members shall be made openly, except when referred to a committee on nominations to be appointed for that purpose. With each nomination for honorary membership the reason for conferring the honor shall be stated to the society.

SECTION 13.

Communications; publication of communications.—Communications read before the society become its property, to be disposited in its archives; but no paper shall be published as a part of the transactions without the approval of a majority of the committee on publication, unless the same be ordered by a vote of the society.

SECTION 14.

Order of business.—At the meeting of the society the following shall be the regular order of business:—

First day.—1. Communication from the president.

2. Reading of the minutes of the last meeting.

3. Report of the executive committee on credentials.

4. Election of officers, chairmen of bureaux, delegates to other societies, permanent and honorary members previously nominated.

5. Report of the treasurer and the auditing of his accounts.

No other business shall be considered by the society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon.

6. Report of medical committees.

7. Presentation of reports and communications on medical and surgical subjects.

SECTION 15.

Amendments.—These by-laws may be altered or amended at any regular meeting by the vote of two-thirds of the members present.

LXXI.

List of Officers—1850 to 1884.

PRESIDENTS.

Dr. Isaac M. Ward	New York	First	District,	1850
Fred'ck Vanderburg*	Rhinebeck	Second	"	1851
Lyman Clary*	Syracuse	Fifth	"	1852
Alonzo S. Ball	New York	First	"	1853
Amherst Childs*	Waterloo	Seventh	"	1854
Samuel S. Guy	Brooklyn	Second	"	1855
M. M. Mathews*	Rochester	Seventh	"	1856
R. S. Bryan*	Troy	Third	"	1857
Ethan A. Potter*	Oswego	Fifth	"	1861
Jacob Beakley*	New York	First	"	1862
Henry D. Paine	New York	First	"	1863
Erastus A. Munger*	Waterville	Fifth	"	1864
Abijah B. Cook	Hudson	Third	"	1865
Horatio Robinson	Auburn	Seventh	"	1866
Benjamin F. Cornell*	Moreau Station	Fourth	"	1867
William H. Watson	Utica	Fifth	"	1868
William Wright*	Brooklyn	Second	"	1869
Lucien B. Wells	Utica	Fifth	"	1870
John F. Gray*	New York	First	"	1871
H. A. Houghton	Keeseville	Fourth	"	1872
E. D. Jones	Albany	Third	"	1873
L. M. Kenyon	Buffalo	Eighth	"	1874
A. W. Holden	Glen's Falls	Fourth	"	1875
Timothy F. Allen	New York	First	"	1876

*Deceased.

Dr. Egbert Guernsey	New York	First	District,	1877
William Gulick	Watkins	Sixth	"	1878
A. S. Couch	Fredonia	Eighth	"	1879
A. R. Wright	Buffalo	Eighth	"	1880
Selden H. Talcott	Middletown	Second	"	1881
John J. Mitchell	Newburgh	Second	"	1882
Everitt Hasbrouck	Brooklyn	Second	"	1883
Edward S. Coburn	Troy	Third	"	1884

VICE-PRESIDENTS.

Dr. Dufee Chase*	Palmyra	1st	Vice-President,	1850
R. S. Bryan*	Troy	2d	"	1850
Alonzo S. Ball	New York	3d	"	1850
Lyman Clary*	Syracuse	1st	"	1851
George W. Lewis	Buffalo	3d	"	1851
Alonzo S. Ball	New York	1st	"	1852
E. L. Coburn*	Ghent	2d	"	1852
Dufee Chase*	Palmyra	3d	"	1852
N. H. Warner*	Buffalo	1st	"	1853
F. Humphreys†	New York	2d	"	1853
Samuel S. Guy	Brooklyn	2d	"	1853
Lucien B. Wells	Utica	3d	"	1853
Henry Adams*	Cohoes	1st	"	1854
Josiah Bowers*	New York	2d	"	1854
E. T. Richardson*	Brooklyn	3d	"	1854
M. M. Mathews*	Rochester	1st	"	1855
R. S. Bryan*	Troy	2d	"	1855
David Springsteed	Albany	3d	"	1855
J. M. Quinn*	New York	1st	"	1856
Henry Adams*	Cohoes	2d	"	1856
Lucien B. Wells	Utica	3d	"	1856
Abijah P. Cook	Hudson	1st	"	1857
Lucien B. Wells	Utica	2d	"	1857
Simion A. Cook*	Troy	1st	"	1861
A. R. Wright	Buffalo	2d	"	1861
Cornelius Ormes	Jamestown	3d	"	1861
A. R. Wright	Buffalo	1st	"	1862
Erastus A. Munger*	Waterville	2d	"	1862
William S. Searle	Troy	3d	"	1862
William Wright*	Brooklyn	1st	"	1863
C. W. Boyce	Auburn	2d	"	1863
Asa S. Couch	Fredonia	3d	"	1863
Samuel S. Guy	Brooklyn	1st	"	1864
A. R. Morgan	New York	2d	"	1864
Asa S. Couch	Fredonia	3d	"	1864
Benjamin F. Cornell*	Fort Edward	1st	"	1865
Benjamin F. Bowers*	New York	2d	"	1865
Lorenzo M. Kenyon	Buffalo	3d	"	1865

* Deceased. † Expelled.

Dr. Lucien B. Wells	Utica	1st	Vice-President	1866
William B. Stebbins*	Little Falls	2d	"	1866
Edgar B. Cole*	Waterford	3d	"	1866
S. B. Barlow*	New York	1st	"	1867
William H. Watson	Utica	2d	"	1867
Lester M. Pratt	Albany	3d	"	1867
T. F. Allen	New York	1st	"	1868
T. L. Brown	Binghamton	2d	"	1868
D. F. Bishop	Lockport	3d	"	1868
E. B. Holmes	Kansas City, Mo.	1st	"	1869
Henry Minton	Brooklyn	2d	"	1869
Ezra P. K. Smith*	Auburn	3d	"	1869
Edwin H. Hurd	Rochester	1st	"	1870
Ezra P. K. Smith*	Auburn	2d	"	1870
T. Franklin Smith	Harlem	3d	"	1870
T. Franklin Smith	Harlem	1st	"	1871
J. C. Raymond	Utica	2d	"	1871
A. W. Holden	Glen's Falls	3d	"	1871
Charles Sumner	Rochester	1st	"	1872
H. S. Hutchins	Batavia	2d	"	1872
G. L. Gifford	Hamilton	3d	"	1872
D. F. Bishop	Lockport	1st	"	1873
J. R. White	New York	2d	"	1873
R. E. Miller	Oxford	3d	"	1873
A. E. Sumner*	Brooklyn	1st	"	1874
S. C. Knickerbocker	Watertown	2d	"	1874
Henry Sayles*	Elmira	3d	"	1874
E. M. Kellogg	New York	1st	"	1875
H. V. Miller*	Syracuse	2d	"	1875
R. S. Bishop	Medina	3d	"	1875
A. R. Wright	Buffalo	1st	"	1876
William Gulick	Watkins	2d	"	1876
Henry R. Stiles	Middletown	3d	"	1876
William Gulick	Watkins	1st	"	1877
Henry R. Stiles	New York	2d	"	1877
H. D. Brown	Potsdam	3d	"	1877
A. R. Wright	Buffalo	1st	"	1878
W. M. L. Fiske	Brooklyn	2d	"	1878
A. P. Throop	Poughkeepsie	3d	"	1878
Alfred K. Hills	New York	1st	"	1879
E. Hasbrouck	Brooklyn	2d	"	1879
J. J. Mitchell	Newburgh	3d	"	1879
E. Hasbrouck	Brooklyn	1st	"	1880
N. Osborne	Buffalo	2d	"	1880
R. A. Adams	Rochester	3d	"	1880
J. J. Mitchell	Newburgh	1st	"	1881
A. J. Frantz	Geneva	2d	"	1881

* Deceased.

Dr. G. W. Peer*	Rochester	3d	Vice-President,	1881
E. Hasbrouck	Brooklyn	1st	"	1882
W. B. Kenyon	Buffalo	2d	"	1882
W. M. Butler	Middletown	3d	"	1882
W B Kenyon	Buffalo	1st	"	1883
A. P. Williamson	New York	2d	"	1883
L. A. Clark	Cambridge	3d	"	1883
H. C. Houghton	New York	1st	"	1884
H. M. Dayfoot	Rochester	2d	"	1884
A. P. Hollett	Havana	3d	"	1884

SECRETARIES.

Dr. Henry D. Paine, Secretary	New York	1850–57
H. B. Fellows, Corresponding Sec	Chicago, Ill	1864–66
H. B. Fellows, Recording Sec	"	1867
E. D. Jones, Cor. Sec., 140 State st	Albany	1867–73
H. M. Paine, Rec. Sec., 104 State st	"	1861–66 '68–73
F. L. Vincent, Rec. Sec	Troy	1873–74
L. M. Pratt, Cor. Sec	Albany	1873–74–75–76
Alfred K. Hills, Rec. Sec	New York	1876–77–78
H. L. Waldo, Cor. Sec	West Troy	1877–78
H. L. Waldo, Rec. Sec	"	1879–80
A. P. Hollett, Cor. Sec	Havana	1879–80
A. P. Hollett, Rec. Sec	"	1881
C. E. Jones, Cor. Sec	Albany	1881
A. P. Hollett, Secretary	Havana	1882–83
John L. Moffat, Sec., 17 Schermerhorn st.	Brooklyn	1884

TREASURERS.

Dr. Henry D. Paine	New York	1850–56
James W. Cox	Albany	1857–61
Lucien B. Wells	Utica	1862–65
John S. Delavan	Albany	1866
J. W. Cox	"	1867
W. S. Searle	Brooklyn	1868–70
James F. McKown	Albany	1871
Nelson Hunting	"	1872–73
Frank L. Vincent, 17 Second st	Troy	1873–74
E. Darwin Jones	Albany	1874–75
Edward S. Coburn	Troy	1877–78–79–80–81–82–83
H. L. Waldo	West Troy	1884

*Deceased.

LXXII.

List of Honorary Members.

The society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Honorary members shall not be entitled to vote at the meetings of the society, or be subject to taxation.—*Extract from the By-Laws.*

1864.

Constantine Hering,* M. D., Philadelphia, Penn.
I. T. Talbot, M. D., Boston, Mass.
E. C. Witherill,* M. D., Cincinnati, Ohio.

1865.

Gaylord D. Beebe,* M. D., Chicago, Ill.
Edwin M. Hale, M. D., 65 Twenty-second street, Chicago, Ill.
A. H. Oakie,* M. D., Providence, R. I.
John C. Saunders, M. D., Cleveland, Ohio.
David Wilson, M. D., 62 Brook street, W. London, England.

1866.

Elial T. Foote,* M. D., New Haven, Conn.
Samuel Gregg,* M. D., Boston, Mass.
Charles T. Harris, M. D., Syracuse, N. Y.
William E. Payne,* M. D., Bath, Maine.
Francis Sims, M. D., 709 Pine street, Philadelphia, Penn.
David S. Smith, M. D., 402 Michigan avenue, Chicago, Ill.

1867.

Walter Williamson,* M. D., Philadelphia, Penn.
Ira Barrows,* M. D., Providence, R. I.
Robert E. Dudgeon, M. D., 53 Montague square, W. London, Eng.
E. C. Franklin, M. D., 2648 Olive street, St. Louis, Mo.
William L. Jackson, M. D., 86 Dudley street, Boston, Mass.
Alvin E. Small, M. D., 583 Wabash avenue, Chicago, Ill.

1868.

Charles Cropper, M. D., Lebanon, Ohio.
Charles Cullis, M. D., 16 Somerset street, Boston, Mass.
Edwin R. Heath, M. D., ———, Kansas.
William H. Holcomb, M. D., New Orleans, La.
Bushrod W. James, M. D., 1821 Green street, Philidelphia, Pa.

1869

William Bayes,* M. D., 58 Brook street, Grosvenor Square, W. London, England.

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*Deceased

T. Cation Duncan, M. D., 287 West Randolph street, Chicago, Ill.
William Henderson, M. D., 10 Ainslie place, Edinburgh, Scotland.
John C. Morgan, M. D., 1700 Chestnut street, Philadelphia Penn.

1870.

John Drummond, M. D., Montague House, Manchester, England.
John J. Drysdale, M. D., 36 A Rodney street, Liverpool, England.
John J. Edic, M. D., 134 Shawnee street, Leavenworth, Kansas.
———Von Grauvogle,* M. D., 10 Gluckstrasse, Munich, Bavaria.
H. R. Madden, M. D., 30 Carlton Hill, St. John's Wood, N. W. London, England.
D. G. Woodvine, M. D., 759 Tremont street, Boston, Mass.

1871.

C. Hempel, M. D., St. Petersburg, Russia.
B. Hirshel, M. D., Dresden, Saxony.
Alfred C. Pope, M. D., Moselle villa, Lee road, Lee, England.
Mathias Roth, M. D., 48 Wimpole street, W. London, England.
Robert J. McClatchey,* M. D., 918 North Tenth street, Philadelphia, Penn.

1872.

C. G. McKnight, M. D., Providence, R. I.
W. W. Rodman, M. D., New Haven, Conn.

1873.

E. H. Ruddock, M. D., 2 Finsbury Circus, London, England.
L. de V. Wilder, M. D., Hartford, Conn.
F. B. Manderville, M. D., 940 Broad street, Newark, N. J.
Samuel Worcester, M. D., Salem, Mass.

1874.

Leverett Bishop, M. D., Sauquoit, N. Y.
R. Ludlam, M. D., Chicago, Ill.

1875.

G. E. E. Sparhawk, M. D., Gayville.

1876.

G. W. Swazy, M. D., Springfield, Mass.
J. H. Pulte*, M. D., Cincinnatti, Ohio.

1878.

Thomas Skinner, M. D., Downswood, Berkenham, Kent, office 25 Somerset street, Porlman square, London England.

1879.

E. G. Cook, M. D., 103 State street, Chicago, Ill.
H. A. Houghton, M. D., 193 Main street Charlestown, Mass.

Deceased.

1880.

E. A. Guilbert, M. D., Dubuque, Iowa.
H. N. Guernsey, M. D., 1423 Chestnut strees, Philadelphia, Penn.

1881.

J. P. Drake, M. D., Nashville, Tenn.
W. L. Breyfogle, M. D., 213 Third street, Louisville, Ky.
Samuel Potter, M. D., Milwaukee, Wis.
F. F. DeDerkey, M. D., Sacromento, Cal.
John C. Budlong, M. D , Centredale, R. I.
S. H. Gallinger, M. D., Concord, N. H.

1882.

R. E. Caruthers, M. D., Allegheny, Pa.
John W. Hayward, M. D., Liverpool, Eng.
J. Giles Blake, M. D., England.
Samuel A. Jones, M. D., Ann Arbor, Mich.
Geo. B. Peck, M. D., Providence, R. I.
O. S. Runnels, M. D. Indianapolis, Ind.

1883.

J. L. Corbin, M. D., Athens, Pa.
D. B. Whittier, M. D., Fitchburg, Mass.
W. B. Chamberlain, M. D. Worcester, Mass.

1884.

Wallace McGeorge, M. D., Woodbury, N. J.

LXXIII.

In Memoriam.

DECEASED PERMANENT MEMBERS.

Year of Election.	Name.	Date of Death.	Age.	Residence.
1868	M. M. Matthews, M. D. . .	Nov. 23, 1867	58	Rochester
1863	H. S. Benedict, M. D. . .	Oct. 18, 1869	46	Corning
1866	John Sarles, M. D. . . .	1873		Brooklyn
1866	Albert Wright, M. D. . .	Dec., 1874	70	Brooklyn
1870	Henry E. Morrill, M. D. .	Mar. 6, 1874	61	Brooklyn
1867	Edgar B. Cole, M. D. . .	Nov. 10, 1871	45	Waterford
1869	E. P. K. Smith, M. D. . .	Dec. 27, 1874	57	Auburn
1872	Wm. Baxter, A. M., M. D.	July 3, 1875	70	Wap'ger's Falls
1872	Nathan Spencer, M. D. . .	Dec. 17, 1874	65	West Winfield

1864	Samuel B. Barlow, M. D. .	Feb. 27, 1876	78	New York
1866	Lyman Clary, M. D. . . .	June 1, 1876	74	Syracuse
1865	Carroll Dunham, A.M., M.D.	Feb. 18, 1877	49	Irvington
1872	James Cromwell, M. D. .	Dec. 7, 1875	64	Lake George
1874	Henry Sayles, M. D. . . .	Mar. 8, 1877	65	Elmira
1873	William J. Bryan, M. D. .	July 13, 1877	39	Corning
1863	Erastus A. Munger, M. D. .	Nov. 4, 1879	66	Waterville
1869	Stephen D. Hand, M. D. .	Mch. 10, 1879	72	Binghamton
1864	Daniel D. Smith, M. D. .	Mch. 17, 1878	71	Brooklyn
1871	H. V. Miller, A. M., M. D.	Nov. 26, 1879	51	Syracuse
1870	L. B. Waldo, A. M., M. D. .	July 9, 1879	64	West Troy
1875	George F. Hurd, M. D. .	Sep. 29, 1876	26	Rochester
1873	James M. Cadmus, M. D. .	May 10, 1879	45	Waverly
1868	H. F. Adams, M. D. . .			Canastota
1868	Alfred H. Beers, M. D. . .			Buffalo
1866	Benjamin F. Bowers, M. D.	Feb'ry, 1875	79	New York
1865	P. W. Gray, M. D. . . .			Elmira
1869	A C. Hull, M. D. . . .	July 3, 1868	49	Brooklyn
1874	Benjamin Lansing, M. D. .	Sep. 21, 1880		Rhinebeck
1869	I. S. P. Lord, M. D. . .	1877	72	Brooklyn
1865	E. A. Potter, M. D. . . .	1867		Oswego
1871	Alvin Shattuck, M. D. . .			Buffalo
1879	E. B. Squires, M. D. . . .	May 7, 1879	29	Syracuse
1866	W. G. Wolcott, M. D. . .	Sep. 7, 1866	50	Whitehall
1870	Hylon Doty, M. D. . . .	May 5, 1876	58	Wellsville
1863	Benjamin F. Cornell, M. D.	May 12, 1881	76	Fort Edward
1867	Garret D. Crispell, M. D. .	Dec. 15, 1880	75	Kingston
1866	Marcellus M. Gardner, M.D.	J'ly 31, 1880	49	Utica
1867	A. C. Burke, A. M., M. D. .	Ap'l 15, 1880	62	Brooklyn
1867	Franklin F. Hunt, M. D. .	Oct. 20, 1878	68	New York
1880	Warren Freeman, M. D. . .	April 5, 1880	65	New York
1864	William Wright, M. D. . .	Sep. 23, 1880	74	Brooklyn
1872	William B. Stebbins, M. D. .	Nov. 4, 1881	74	Little Falls
1866	John F. Gray, M. D., LL.D.	June 6, 1882	78	New York
1880	William Scherzer, M. D. . .	Feb. 21, 1882	57	New York
1865	Edw'd T. Richardson, M. D.	Au. 14, 1881	67	Brooklyn
1872	George W. Peer, M. D. . .	Jan. 12, 1883	63	Rochester
1874	A. E. Sumner, A. M., M. D.	Au. 31, 1882	42	Brooklyn
1868	B. B. Schenck, M. D. . .	Mch. 22, 1883	74	Plainville
1869	C. H. Carpenter, M. D. .	Sep. 23, 1883	58	Troy
1878	C.E. Blumenthal, M.D., LL.D.	Oct. 11, 1883	69	New York
1868	Harmon Swits, M. D. . .	1883		Schenectady
1867	Augustus Pool, M. D. . .	Aug. 9, 1883	65	Oswego
1880	Wm. H. VanDerzee, M. D.	Au. 29, 1883		Albany

LXXIV.

List of Physicians upon whom the Honorary Degree of Doctor of Medicine has been Conferred by the Regents of the State upon Recommendation of the State Homœopathic Medical Society.

1863.

Dr. Frederick F. Stamm, Brooklyn.

1867.

Dr. M. M. Mathews, Rochester.

1872.

Drs. Alfred W. Gray, Milwaukie, Wisconsin; Casper Bruchhausen, Norwich, N. Y.; William B. Reeve, Quogue, N. Y.

1875.

Dr. Constantine Hering, Philadelphia, Pa.

1876.

Dr. John F. Gray, New York.

1877.

Drs. Carroll Dunham, Irvington; H. V. Miller, Syracuse; William H. Watson, Utica; William Gulick, Watkins.

1878.

Drs. E. Guernsey, New York; Charles Sumner, Rochester; E. P. Fowler, New York; C. Ormes, Jamestown.

1879.

Drs. A. W. Holden, Glen's Falls; Asa S. Couch, Fredonia; L. M. Pratt, Albany; Edward Bayard, New York.

1880.

Drs. A. R. Wright, Buffalo; O. Groom, Horseheads; Henry Minton, Brooklyn; W. C. Doane, Syracuse.

1881.

Drs. H. M. Paine, Albany; E. H. Hurd, Rochester; A. S. Ball, New York; C. T. Harris, Syracuse.

1882.

Drs. Chas. E. Swift, Auburn; E. Darwin Jones, Albany.

1883.

Drs. J. W. Dowling, New York; R. C. Moffat, Brooklyn; L. M. Kenyon, Buffalo; Jno. J. Mitchell, Newburgh.

1884.

Drs. S. Powell Burdick, New York; Timothy F. Allen, New York.

LXXV.

List of Permanent Members of Homœopathic Medical Society of the State of New York.

Adriance, F. W.,	Watkins,	Elected	1883
Allen, George,	Waterville,	"	1883
Allen, T. F.,	New York,	"	1879
Armstrong, T. S.,	Binghamton,	"	1883
Atwood, J. Freeman,	Brooklyn,	"	1883
Avery, H. N.	St. Paul, Minn.,	"	1870
Bacon, Charles A.,	New York,	"	1879
Barker, C. C.,	Batavia,	"	1873
Ball, Alonzo S.,	New York,	"	1863
Barnes, W. H.,	Chatham,	"	1872
Baylies, B. L. B.,	Astoria,	"	1883
Belcher, George E.,	New York,	"	1868
Biegler, J. A.,	Rochester,	"	1879
Billings, G. H.,	Cohoes,	"	1875
Birdsall, S. T.,	Brooklyn,	"	1883
Bishop, D. F.,	Lockport,	"	1864
Bishop, R. S	Medina,	"	1867
Bonnell. C. L.,	Brooklyn,	"	1879
Boocock, Robert	Coxsackie,	"	1883
Boyce, C. W.,	Auburn	"	1863
Bradner, Ira S.,	Middletown,	"	1876
Brainard, L. L.,	Little Falls,	"	1883
Brown, Titus L.,	Binghamton,	"	1863
Brown, W. B.,	Palmyra,	"	1871
Bryan, E. W.,	Corning,	"	1880
Bullard, David H.,	Glen's Falls,	"	1864
Burdick, S. P.,	New York,	"	1874
Butler, William M.,	Brooklyn,	"	1881
Calkins, T. T.,	Hudson,	"	1868
Campbell, Alice B.,	Brooklyn,	"	1882
Carroll, S. H.,	Albany,	"	1874
Carr, Allen B.,	Rochester,	"	1883
Chapin, Edward,	Brooklyn,	"	1883

Chase, C. E.,	Utica,	Elected	1882
Clark, C. G.,	Troy,	"	1870
Clark, L. A.,	Cambridge,	"	1879
Clark, A. J.,	Binghamton,	"	1883
Coburn, Edward S.,	Troy,	"	1874
Coffin, H. W.,	Glen's Falls,	"	1883
Cole, Directus D.,	Morrisville,	"	1883
Conant, Clarence M.,	Middletown,	"	1883
Cook, A. P..	Hudson,	"	1863
Cook, C. P.,	Hudson,	"	1872
Cook, E. G.,	Chicago, Ill.,	"	1869
Cook, Joseph W.,	Buffalo,	"	1883
Cornell, C. W.	New York,	"	1884
Couch, Asa S.,	Fredonia,	"	1864
Covert, N. B.,	Geneva,	"	1878
Cowl, Walter Y.,	New York,	"	1883
Cox, G. A.,	Albany,	"	1878
Cox, J. W.,	Albany,	"	1869
Curtiss, Alexander M.,	Buffalo,	"	1883
Dayfoot, H. M.,	Rochester,	"	1881
Decker, William Moore,	Kingston,	"	1883
Delavan, J. Savage,	Albany,	"	1871
Dods, A. Wilson	Silver Creek,	"	1883
Doolittle, James F.,	Ballston Spa,	"	1883
Doughty, F. E.,	New York,	"	1877
Dowling, J. W.,	New York,	"	1873
Dutcher, Merritt T.,	Owego,	"	1884
Eddy, Ermina C.,	Elmira,	"	1883
Elliott, J. B.,	Brooklyn,	"	1878
Everett, Daniel L.	Brooklyn,	"	1867
Farley, C. J.	Fort Edward,	"	1877
Fellows, H. B.	Chicago, Ill.,	"	1865
Finch, Joseph	New York,	"	1881
Fiske, W. M. L.	Brooklyn,	"	1875
Flagg, L. W.	Yonkers,	"	1879
Fowler, William P.	Rochester,	"	1876
French, W. W.	Ballston Spa,	"	1883
Frye, Moses M.	Auburn,	"	1884
Fulford, G. H.	Henderson,	"	1883
Gallup, M. W.	Saugerties,	"	1883
Gifford, Barton R.	Madison,	"	1883
Gifford, G. A.	Clayville,	"	1875
Gifford, G. L.	Hamilton,	"	1868
Goewey, Catharine E.	Albany,	"	1880
Gorham, George E.	Albany,	"	1883
Grant, B. F.	Bath,	"	1874
Greenleaf, J. T.	Owego,	"	1884
Guernsey, Egbert	New York,	"	1865
Gulick, William	Watkins,	"	1865

Hale, C. D.	Syracuse,	Elected	1883
Hall, G. A.	Chicago, Ill.,	"	1868
Hallock, Lewis	New York,	"	1867
Hand, George F.	Binghamton,	"	1884
Hasbrouck, E.	Brooklyn,	"	1873
Hasbrouck, Sayer,	Middletown,	"	1883
Haviland, N. H.	Fulton,	"	1880
Helmuth, William Tod.	New York,	"	1873
Hill, C. Judson	Utica,	"	1869
Holden, A. W.	Glen's Falls,	"	1879
Hollett, A. P.	Havana,	"	1875
Houghton, H. A.	Charlestown, Mass.,	"	1865
Houghton, H. C.	New York,	"	1875
Howland, Anna C.	Poughkeepsie,	"	1882
Hoxie, A. C.	Buffalo,	"	1877
Hunting, N.	Albany,	"	1872
Hurd, E. H.	Rochester,	"	1868
Hutchins, H. S.	Batavia,	"	1870
Ingalls, F. W.	Kingston,	"	1870
Jones, C. E.	Albany,	"	1878
Jones, E. D.	Albany,	"	1864
Joslin, B. F.	New York,	"	1868
Kellogg, E. M.	New York,	"	1866
Kenyon, L. M.	Buffalo,	"	1866
Kenyon, W. B.	Buffalo,	"	1883
King, George H.	North Hector,	"	1883
Kinne, A. B.	Syracuse,	"	1882
Kinney, C. Spencer	Middletown,	"	1883
Knickerbocker, S. C.	Watertown,	"	1870
Laird, F. F.	Utica,	"	1883
Laird, W. T.	Watertown,	"	1883
Latimer, William C.	Brooklyn.	"	1884
Lawrence, Charles M.	Port Jervis,	"	1877
Lee, J. Mallory	Rochester,	"	1884
Lewis, F. Park	Buffalo,	"	1881
Lewis, G. W.	Buffalo,	"	1869
Liebold, C. Th.	New York,	"	1878
Lilienthal, S.	New York,	"	1872
Linendall, Robert A.	Fort Edward,	"	1883
Linsley, John S.	New York,	"	1876
Little, G. W.	Fort Edward,	"	1873
Loomis, D. D.	Bay City, Mich.,	"	1867
Low, C. E.	Plattsburg,	"	1878
McKinney, Susan S.	Brooklyn,	"	1883
McKown, J. F.	Albany,	"	1871
McManus, G. D.	Oswego,	"	1869
McMurray, Robert	New York,	"	1871
McPherson, J. C.	Lyons,	"	1883
Milbank, W. E.	Albany,	"	1879

Miller, Isaac	Delhi,	Elected	1881
Miller, J. F.	Newark, N. J.	"	1871
Miller, R. E.	Oxford,	"	1871
Millspaugh, C. F.	Binghamton,	"	1883
Mintion, Henry	Brooklyn,	"	1864
Mitchell, J. J.	Newburgh,	"	1880
Moffat, John L.	Brooklyn,	"	1883
Moffat, R. C.	Brooklyn,	"	1863
Morgan, A. R.	New York,	"	1866
Morgan, E. J. Jr.	Ithaca,	"	1882
Mosher, Charles M.	Easton,	"	1863
Mull, P. W.	Ghent,	"	1876
Noble, G. Z.	Dundee,	"	1864
Norton, George S.	New York,	"	1884
Ormes, C.	Jamestown,	"	1871
Osborne, N.	Buffalo,	"	1879
Otis, Clark	Penn Yan,	"	1883
Otis, John C.	Poughkeepsie,	"	1883
Paine, Henry D.	New York,	"	1863
Paine, H. M.	Albany,	"	1846
Palmer, George B.	East Hamilton,	"	1867
Pearsall, S. J.	Saratoga Springs,	"	1866
Pearsall, John A.	Saratoga Springs,	"	1882
Peckham, J. J.	Albany,	"	1881
Perrine, W. L. R.	Brooklyn,	"	1876
Peterson, O. W.	Waterloo,	"	1884
Pettit, T. J.	Fort Plain,	"	1871
Phillips, J. S.	Catskill,	"	1881
Pratt, L. M.	Albany,	"	1864
Preston, H. G.	Brooklyn,	"	1875
Prichard, G. C.	Phelps,	"	1882
Proctor, W. H.	Binghamton,	"	1884
Randel, W. H.	Albany,	"	1873
Read, T. W.	Big Flats,	"	1882
Rice, A. B.	Panama,	"	1881
Rogers, E. W.	Crystal Springs,	"	1879
Searles, William S.	Brooklyn,	"	1865
Seeley, N. R.	Elmira,	"	1871
Seymour, G. W.	Westfield,	"	1883
Shafer, Levi	Kingston,	"	1874
Simmons, Daniel, Jr.	Brooklyn,	"	1884
Slaught, J. E.	Hamilton,	"	1883
Smith, Henry M.	Brooklyn,	"	1865
Smith, Oran W.	Union Springs,	"	1884
Smith, T. F.	New York,	"	1871
Snyder, E. E.	Binghamton,	"	1883
Southwick, A. B.	Rome,	"	1871
Southwick, D. E.	Ogdensburg,	"	1867

Spencer, Thomas D.	Rochester,	Elected	1884
Spoor, D. E.	North Creek,	"	1883
Stebbins, J. H.	Geneva,	"	1871
Stiles, S. E.	Brooklyn,	"	1880
Stobbs, Alex. V.	Mecklenburg,	"	1883
Sullivan, R. B.	Baldwinsville,	"	1884
Sumner, Charles	Rochester,	"	1873
Sumner, Charles R.	Rochester,	"	1882
Swift, C. E.	Auburn,	"	1870
Talcott, S. H.	Middletown,	"	1874
Terry, M. O.	Utica,	"	1876
Thorn, Sarah Eddy	Catlin,	"	1884
Throop, A. P.	Poughkeepsie,	"	1874
Tilden, John N.	Peekskill,	"	1883
Tracy, G. A.	Logan,	"	1883
Truman, Irving P.	Belmont,	"	1884
Van Cleef, C. E.	Ithaca,	"	1883
Vanderburg, D. W.	Fall River, Mass.,	"	1873
Voak, J. B.	Canandaigua,	"	1879
Von der Liihe, A.	Brooklyn,	"	1883
Waldo, H. L.	West Troy,	"	1879
Watson, William H.	Utica,	"	1866
Welch, C. Durant	Cobleskill,	"	1883
Wellman, W. I.	Friendship,	"	1879
Wells, L. B.	Utica,	"	1864
West, James A.	Geneseo,	"	1883
White, J. Ralsey	New York,	"	1863
White, Sue A.	Utica,	"	1883
White, T. C.	Rochester,	"	1872
White, Wm. Hanford	New York,	"	1881
Whitney, E. J.	Brooklyn,	"	1875
Williamson, B. F.	Friendship,	"	1880
Willis, H.	Brooklyn,	"	1877
Woodbury, W. L.	Fulton,	"	1875
Wright, A. R.	Buffalo,	"	1863
Zoller, William	Fort Plain,	"	1883
Zwetsch, J. D.	Gowanda,	"	1883

LXXVI.

List of Delegates to the Homœopathic Medical Society of the State of New York.

CLASS I.

Term expires at the close of the annual meeting in February, 1885.

Albany County Homœopathic Medical Society, four delegates: Drs. Wm. H. VanDerzee, Geo. E. Gorham, Catharine E. Goewey, J. J. Peckham, Albany.

Albany Homœopathic Hospital: Dr. Lester M. Pratt, Albany.

Albany House of Shelter; Albany Open Door Mission: Dr. H. M. Paine, Albany.

Broome County Homœopathic Medical Society, one delegate: Dr. Geo. F. Hand, Binghamton.

Binghamton State Asylum for Chronic Insane: Dr. T. S. Armstrong, Binghamton.

Cayuga County Homœopathic Medical Society, two delegates: Drs. F. E. Murphy, Auburn; W. H. Curtis, Owasco.

State Board of Medical Examiners: Dr. C. A. Bacon, New York.

Chautauqua and Cattaraugus Counties Homœopathic Medical Society, four delegates: Drs. D. G. Alling, Dunkirk; C. P. Alling, Bradford, Pa.; A. B. Rice, Panama; M. J. Lincoln, Olean.

Chemung County Homœopathic Medical Society, one delegate: Dr. O. Groom, Horseheads.

Chenango County Homœopathic Medical Society, one delegate: Dr. S. J. Fulton, Norwich.

Columbia County Homœopathic Medical Society, two delegates: Dr. S. E. Calkins, Athens.

Dutchess County Homœopathic Medical Society, two delegates: Drs. Anna C. Howland, Poughkeepsie; W. R. Case, Salt Point.

Erie County Homœopathic Medical Society, five delegates: Drs. N. Osborne, J. D. C. Heinemann, H. E. Colton, W. B. Kenyon, H. Beahtig, Buffalo.

Buffalo Homœopathic Hospital: Dr. F. Park Lewis.

CLASS II.

Term expires at the close of the annual meeting in February, 1886.

Kings County Homœopathic Medical Society, twelve delegates: Drs. J. K. Atkinson, 304 Adelphi st., Brooklyn; E. J. Pratt, 48 Concord st., Brooklyn; George Nichols, 230 Leonard st., Brooklyn, E. D.; Gertrude Goewey Bishop, 310 Throop Av., Brooklyn; Helen S. Lassen, 96 Henry st., Brooklyn; S. Talmage, 22 Schermerhorn st., Brooklyn; B. Fincke, 122 Livingston st. Brooklyn; E. Miner, 115 Gates Av., Brooklyn; D. A. Gorton, 151 Clinton st., Brooklyn; J. H. Ward, 60 Bedford Av. Brooklyn; D. Simmons, 97 Lee Av., Brooklyn, E. D.; R. N. Dennison, 172 Sixth Avenue, Brooklyn.

Livingston County Homœopathic Medical Society, one delegate: Dr. W. W. Russell, Hemlock Lake.

Madison County Homœopathic Medical Society, two delegates: Dr. J. T. Wallace, Oneida.

Monroe County Homœopathic Medical Society, three delegates: Drs. Allen B. Carr, Rochester; R. A. Adams, Rochester.

Montgomery County Homœopathic Medical Society, one delegate: Dr. W. S. Garnsey, Gloversville.

Niagara and Orleans Counties Homœepathic Medical Society, three delegates: Drs. R. S. Bishop, Medina; W. V. R. Blighton, Tonawanda.

Oneida County Homœopathic Medical Society, four delegates: Drs. R. L. Spencer, Trenton; Geo. Allen, Waterville; S. W. Raymond, Clinton; A. Gifford, Rome:

Onondaga County Homœopathic Medical Society, three delegates: Drs. A. B. Kinne, Syracuse; C. P. Jennings, Skaneatelas; C. D. Hale, Syracuse.

Ontario and Yates Counties Homœopathic Medical Society, two delegates: Drs. J. B. Voak, Canandaigua; N. B. Covert, Geneva.

CLASS III.

Term expires at the close of the annual meeting in February, 1887.

New York County Homœopathic Medical Society, twenty-four delegates: Drs. P. E. Arcularius, 57 East 21st street; C. E. Beebe 21 West 37th street; Mary E. Bond, 122 Lexington Avenue; F. H. Boynton, 22 West 38th street; John Butler, 102 East 22d street; Edmund Carleton, 58 West 9th street; L. L. Danforth, 149 West 44th street; H. M. Dearborn, 51 West 59th street; Geo. M. Dillow, 102 West 43d street; D. B. Hunt, 102 West 29th street; Malcolm Leal, 154 West 34th street; C. S. Macy, 117 West 12th street; J. H. McDougal, Lexington Avenue and East 80th street; E. V. Moffat, 149 West 44th street; N. A. Mosman, 6 East 34th street; W. E. Rounds, 34 West 36th street; J. M. Schley, 1 East 42d street; St. Clair Smith, 12 West 39th street; C. F. Sterling, 152 West 34th street; John H. Thompson, 36 East 30th street; S. H. Vehslage, 313 East 18th street; Edwin West, 42 West Washington Place; J. McE. Wetmore, 41 East 29th street; S. F. Wilcox, 39 West 49th street.

Hospital of the Five Points House of Industry, one delegate.

Hospital of Protestant Half Orphan Asylum, one delegate: Dr. A. M. Woodward. 52 West 29th street, New York.

Hahnemann Hospital, one delegate.

Ophthalmic Hospital, one delegate: Dr. Geo. S. Norton, 154 West 34th street, New York.

Harlem Homœopathic Dispensary, one delegate.

Dispensary of the Homœopathic Medical College, one delegate.

Dispensary of the N. Y. Medical College for Women, one delegate.

New York Homœopathic Dispensary, one delegate.

Northeastern Homœopathic Dispensary, one delegate: Dr. F. Seeger, 718 Lexington Avenue, New York.

Western Homœopathic Dispensary, one delegate: Dr. H. Rickaby, 258 West 42d street, New York.

Yorkville Homœopathic Dispensary, one delegate: Dr. Benjamin Wilson.

New York Homœopathic Medical College, one delegate: Dr. J. W. Dowling, 313 Madison Avenue, New York.

New York Medical College for Women, one delegate: Dr. C. S. Lozier, 103 West 48th street, New York.

New York Society of Medico-Scientific Investigation, one delegate: Dr. Arthur B. Norton, 122 East 22d street, New York.

School of the New York Ophthalmic Hospital, one delegate: Dr. Henry C. Houghton, 12 West 39th street, New York.

CLASS IV.

Term expires at the close of the annual meeting in February, 1888.

Orange County, Homœopathic Medical Society, two delegates: Drs. A. P. Williamson, Middletown; H. C. Smith, Montgomery.

State Homœopathic Asylum for the Insane: Dr. Selden H. Talcott, Middletown.

Oswego County Homœopathic Medical Society, three delegates: Dr, C. W. Radway, Mexico.

Otsego County Homœopathic Medical Society, two delegates: Drs. O. E. Pratt, Oneonta; P. G. Clark, Unadilla.

Queens County Homœopathic Medical Society, two delegates: Drs. C. A. Beldin, Jamacia; W. A. Allen, Flushing.

Rensselaer County Homœopathic Medical Society, three delegates: Dr. M. L. Dowdell, 73 Third street, Troy.

Saratoga County Homœopathic Medical Society, two delegates: Drs. W. W. French, Ballston Spa; John A. Pearsall, Saratoga Springs.

Schuyler County Homœopathic Medical Society, one delegate: Dr. F. W. Adriance, Watkins.

Seneca County Homœopathic Medical Society, one delegate: Dr. A. J. Frantz, Canoga.

Steuben County Homœopathic Medical Society, two delegates: Drs. B. F. Grant, Bath; W. S. Purdy, Corning.

St. Lawrence County Homœopathic Medical Society, three delegates.

Tompkins County Medical Society, one delegate: Dr. E. C. Van Cleef, Ithaca.

Ulster County Homœopathic Medical Society, three delegates: Dr. M. W. Gallup, Saugerties.

Washington and Warren Counties Homœopathic Medical Society, three delegates: Drs. L. A. Clark, Cambridge; C. T. Mosher, Easton; A. W. Holden, Glen's Falls.

Wayne County Homœopathic Medical Society, two delegates.

Westchester County Homœopathic Medical Society, three delegates: Drs. P. H. Mason, Peekskill; R. R. Trotter, Yonkers.

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